

Sewer Acct.#:

1020548900

Company: SSM CARDINAL GLENNON CHILDREN'S HOSPITAL

Address: 1465 South Grand Blvd.

File Code

City: St. Louis

State and Zip: MO 63104

Industry ID

64231 31

File Description

INDUSTRY OVERFLOW

ACCOUNT NUMBER: 10205489-00

COMPANY NAME: SSM CARDINAL GLENNON CHILDREN'S HOSPITAL

CORRESPONDENCE

FROM 01-27-2000 THRU 12-13-2011

CORRESPONDANCE LOCATED
IN OVERFLOW FILE

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL FACILITY REINSPECTION REPORT

MSD

Prem MSD (Comp Titl Insp Othe Insp	any: SSM Cardinals Glennons Childrenise Address: 1465 South Grand Blvd Classes: SIU CIU Surch Multiany Representative: Kevin Smith E: Facilities Supervisor Ector: Dave Kupke Supervisor None Ection Date: 12/13/11 Time: From ALL ITEMS ARE TO BE COMPLETED BASED OF INFORMATION OBTAINED OR PROVIDED BY COMP	Potential Touring O9:38 AM N EVENTS SI	Toxic Wa Special To <u>11:</u> NCE LAST	Zip Code: ste Non-Tox Handling/Billi Phone#: 314-2 05 AM (Last In INSPECTION. ANSW	63104 ic Proc Waste ng 68-2768 sp. 12/17/10) wers are based on formation in file.
1.	A. ARE THERE ADDITIONAL NON-STORMWA			Andrew Control of the	<u>se reports</u> Yes□ No⊠
1.	List them, note any changes: B. Did all acct no's have water usa				Yes⊠ No□
	C. If no to B, explain:	ge on rino	•		1622 160
2.	PROCESSES & CLEANUP/WASHDOWN:	Cont/ Batch	Water Used?	Frequency of discharge	Sample pt.
	Hospital Waste	Cont	Yes	daily	SP001, SP004, SP005
	Kitchen waste	Batch	Yes	daily	SP001
	Cooling tower blowdown, boiler	Batch	Yes	daily	SP001
	blowdown				
	NCCW-autoclaves	Batch	Yes	daily	SP001, SP005
		(None)	N/A		
		(None)	N/A		
3.	PRETREATMENT (other than grease traps) -	describe:			Sample pt.
	Metallic Replacement		**************************************		SP004
4. If y	DOES COMPANY HAVE ANY GREASE TRAPS? es: A. List sample points: SP001 B. What is the frequency for cle C. Are any additives used in tra D. If yes to C, was co. warned MSD E. Was co. informed that MSD perfor	.ps? will bill th	nem for b	lockages they cau	Yes No No Yes No Yes No Yes No Yes No Yes No Yes No
		soparace	Jrease E	rap improverous:	TEPM NOU
5. If y	HAS COMPANY CONSTRUCTED NEW BLDGS/ADes: A. Ask company: Did they notify B. If no or unknown, has inspect C. Comments:	MSD's Plan	Review	group? Unkn	ISP? Yes No
6.	HAS COMPANY BEGUN DISCHARGING ANY NE	W POLLUTAN	TS SINCE	THE LAST INSP?	Yes□ No⊠
If y	es: A. List pollutants & process: B. Will MSD STP exceed existing C. Will MSD STP's discharge exce (MSD must notify MDNR if B or D. Comments:	ed 0.1 mg/	l for an	y new pollutant	Yes No

7.							FR 405-471) OPERATIONS?	Yes No
If:	yes:	Α.	-				my discharge):	/1 - h - w - + - w
			40 CFR	460 Gen S s, dietary).		e nosp	ital waste is from patient care	(laboratory
			SET ATCE:	s, diecary).	•			
8. Tf				AL WASTEWATI h points?	ER COMBIN	NE WITH	H NON-CAT. WW PRIOR TO SAMPLING?	Yes No
	,			applied fac	tor:		Is it correct?	Yes No
				list correct		'explai		houses Record
						-	***************************************	
9. If				TER SUBJECT h points?	TO PRODU	JCTION	OR MASS BASED STANDARDS?	Yes∏ No⊠
		в.	Since c	alculation	of the	curren	t limits, has the long term avo	g Yes No
			_		_	ge volu	ume changed by 20% or more?	
		C.	If yes	to B, explai	in:			
10	700	7. N.T	V DADIOA	CICITATION MARKET	דאדר זואאדו	רטים זר		Yes⊠ No□
10.				CTIVE MATER: e operations			Radioisotopes for diagnostics	
11	yes.	л.	Describ	e operación	s a arsbo	Jaar.	may be found in urine through	
		в.	Does cor	mpany have M	MSD autho	rizati	on for disposal to sewer? NA	
				cent author:				Accepted Statement .
		D.	Amount o	discharged i	in most r	recent	complete calendar year: 0	
								,
11.							APPEAR EXCESSIVE?	Yes□ No⊠
	Α.						needed changes:	litula unton
			·				excessive water usages. The fact cooling tower operations, kitc	
				autoclave-N			cooling tower operations, kitch	Hell Services
		100	roour,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
12.	BAS	ED	ON OBSER	VATIONS DUR	ING INSPI	ECTION	, DOES COMPANY APPEAR TO HAVE	Yes⊠ No□
				T IS NOT DIS				
If	yes:	Α.	Describe			ss fr	om Boiler and Cooling tower	s and lawn
	т.	7.7 ·		irrigat	~~~~	- 1		v171 N-C
	ь.						given to company? not discharged to sewer)	Yes⊠ No□
		120	garares	or whether	. Some wa	icer ra	not discharged to sewer,	
13.	HAS	CO	MPANY EX	CEEDED ORDII	NANCE DIS	SCHARG	E LIMITS SINCE LAST INSPECTION	Yes□ No⊠
	OR	WIT	HIN THE	LAST 12 MONT	THS (if :	last i	nsp <12 months ago)?	
If y	es: A				_	_	oblem resolved?	
	F	011	utant	When	Points	Y/N	Describe	
			······································			N/A		
	ļ					N/A		
					***************************************	N/A		
						N/A N/A		
	P	Cor	nments:			I IN/ PY		
	D.	COI	milettes.					
14.	HAS	CO	MPANY EX	CEEDED CATE	GORICAL 1	PRETRE	ATMENT LIMITS SINCE THE LAST NA	X Yes No □
	INS	PEC	TION OR	WITHIN LAST	12 MONTE	HS (if	last insp <12 months ago)?	
If y	es: A	١.			Sample	Is pr	oblem resolved?	
	F	011	utant	When	Points	Y/N	Describe	212/4/2010/2010/2010/2010/2010/2010/2010
						N/A		
	<u> </u>					N/A		
	<u> </u>					N/A		·
	-					N/A		
		<u> </u>	nments:		·····	N/A		
	в.	COL	muents:					

(08/11)

	A. Upsets? By	ROBLEM DISCHARGES SINC passes of pretreatmen ug discharges?	t fac:	ilities?[.Yes∏ No⊠
CHE		OF <u>PROCESS TANKS</u> , STO H SANITARY SEWERS OR S De done?			R STORED	Yes∏ No⊠
If no:	laboratory cab	ontrolled? stores it waste in inet. The boiler room cals in place in case	m use	s catch	drum contained basins that hol	inside of a d any water
	PANY ACTIVITIES AP	DURING INSPECTION, ASPEAR TO IMPAIR STORMWA			REAS WHERE	Yes∏ No⊠
C.		pe done? nwater Discharges" bro ether there are any pr			o company?	Yes⊠ No□
18. DOE If yes:		SPILL CONTROL OR SLUG	DISC	HARGE CO Last Update	Update neede	:d?
	1. Hazardous	Materials Management		7/25/97		
	2.				N/A	
В.	Are any Plans need (If yes, write cor	ded (in addition to th	ose l	isted in	Part A)?	Yes∏ No⊠
	A. Parts washer so B. Priority pollut C. How is spent so (Parts washer so	ants (or "none"):	 in dat	abase's p		Yes∏ No⊠ list, nor
	ANY ORGANICS OR SO A. Solvent name/	OLVENTS USED (OTHER TH		PARTS W 433/469	ASHERS)?	Yes⊠ No□ Priority
•	components	Used for?	Proc		How disposed?	
		lab solvent-drying agent		-		Yes No
	Phenol, Methylene Chloride, Chloroform	lab reagent	Yes] ио⊠	hauled offsite	Yes No
			Yes[No	, , , , , , , , , , , , , , , , , , , ,	Yes No
			Yes	No		Yes No
			Yes	No		Yes No
			Yes	No.		Yes No
		13/433/469-REGULATORY any uses solvents in 4				Yes No
If yes:	A. Is it part of a	Spill/Slug Control P to of last update for	lan l] 2.[]] No[]
	C. Is there a copyD. Does SMP addres	of the Spill/Slug Pl s all 413/433/469 sol D, write company and	an or vents	?		Yes No

3

22. ARE A.	EMERGENCY NOTIFICATION PROCEDURES POSTED THAT INCLUDE MSD CONTACTS? Was company provided notification cards & told to post where emergency response personnel can locate them? (Must post if co. generates process wastewater or stores chemicals of	Yes No
23. IS (If yes:	COMPANY REQUIRED TO SELF-MONITOR ANY OF THEIR DISCHARGES? A. Is requirement contained in permit or other document. B. If other document, date & description: C. How frequently is sampling required? quarterly D. How frequently are reports required? quarterly	Yes⊠ No∏
	E. Have reports been on-time, complete & signed by proper person? F. If no, explain:	Yes⊠ No□
24. DOE: If yes:	A. Is the self-monitoring required by MSD? B. Does sample collection time period match co's production shifts? C. Are representative grab/comp samples collected? D. Are EPA-approved 40 CFR 136 wastewater test methods used? E. If no to B, C, or D, explain needed changes:	Yes No No Yes No No Yes No Yes No Yes No Yes No
POI	S CO. CONTINUOUSLY MONITOR AT SAMPLE NT AND KEEP A PERMANENT RECORD FOR: pH, TEMP, LEL?	Yes□ No⊠
If yes:	A. At which SPs? B. Does company submit quarterly summaries? C. If no, explain:	Yes No
	S MSD SPLIT SAMPLES WITH THE COMPANY? A. Is company having the samples analyzed B. How does company insure proper preservation, holding times & analytical met	Yes No No No Chods?
	C. Has company submitted results of all split sample analyses since the last insp? D. Have results been submitted within 28 days of the collection's calendar quarter? E. If no to C, or D, explain:	Yes No
G.	F. Does company still want to split samples? Comments:	Yes No
SUBI	COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO MIT COMPLIANCE SCHEDULE REPORTS? A. Type and date:	Yes⊠ No□
II yes.	B. Have the reports & actions been on-time & complete? C. If no, explain:	Yes No
[Som	COMPANY: IS CO. IN COMPLIANCE W/APPLICABLE NESHAP REGS FOR WW DISCHARGES? The MDNR-issued Title V air permits for specific processes allow pre-approved discharge.] [City/County-issued air permits are not NESHAP permits.]	Yes⊠ No□
If no:	A. Describe: B. Was MDNR Air Pollution Control informed? (<u>must be done</u>)	Yes No
If no:	S COMPANY RETAIN ALL WASTEWATER RECORDS FOR AT LEAST 5 YEARS? A. How long does company retain records? B. Was company told to retain for at least 5 years, per ordinance? Where are they kept? All MSD related records are kept on site in the cabinet.	Yes No No No eir filing
30. DO P	MSD CLASSIFICATIONS NEED TO BE REVISED? A. Indicate correct classifications: SIU CIU Surch. Potential Toxic Waste Non-Toxic Pro No Process Discharge Multi-User Special Handling/Billing B. Explain changes:	

(08/11)

31. If	IS yes:	A. B. C.	Is co If no If ye disch If no	mpany's di to A, doe s to B, arge, or e to B, are	es the company was company else must pro	regated from only own the bloom informed it ovide segregate	other tenants' discharge? dg/receive the MSD bills? is responsible for total ted sample points? pe wastes discharged?	Yes Yes Yes Yes	No No No No No
	н.	F.	(Expl If ye segre	ain why: _ s to D, an gated SP. to D or y) d no to E, c Acceptance l	company must a etter date:	accept responsibility or pro Or write co. w/requiret only" on PIMS?		
32.	IS yes:			LASSIFIED	AS "Special	Handling/Bil	ling"?	Yes[No⊠
11	yes:	B. C.	Are a If ye	s, explain		reasons/detail		Yes \[\]	
					g reports?		and proofer man	100	.,,,
33.	SA	MPLE	POINT	'S				DJ	(y/n)_
	SP	#	001	Fed.Reg.		Components:	Sanitary, Storm water, Autoclaves, Boiler and co tower blowdown, Kitchen w Hospital waste	ooling	No
	SP	#	004	Fed.Reg.		Components:	Hospital waste, Sanitary, water	Storm	No
	SP	#	005	Fed.Reg.		Components:	Hospital waste, Sanitary Autoclaves, Storm water	, NCCW-	No
	SP	#		Fed.Reg.		Components:			N/A
	SP	#		Fed.Reg.		Components:			N/A
34. If			Y SAMP List		TRAPPED VENT	rs?		Yes[No⊠
		В.	Was c	o. informe	d that T-ven	ts are prefer	red, and told why?	Yes_	No
35. If				ES AT ANY SPs and re		REGULAR ENOUG	GH TO ALLOW GRAB SAMPLES?	Yes 🗌	No⊠
36.	Dur	nmy	ERE AN SP #	Com	D DISCHARGES ponents:	3? (list each	lateral separately)	Yes	No
37. If	DO yes:	ANY A.	SAMPL List	E POINTS (Sample Poi	including Unnts: SP001	sampled/Dummy , SP004, and	/ SPs) RECEIVE STORMWATER? SP005	Yes⊠	No
38.	WE A. B.	Ιt	f any s	SPs cannot	be located	mmy SPs) OPEN or opened, ex be changed, e		Yes⊠	No
	C. D. E.	Ιź	f yes	to C, list	SPs & descr	ibe:	corrective actions?	Yes \[\]	
39.	RE\ A. B	/IEW Is	THE S.	AMPLE POIN	T MAP!	e in <u>all</u> its	Last map revision date: 2/	/19/09 Yes⊠	

40. DO INSTRUCTIONS FOR "Contact Prior to Sampling" OR FIELD VISIT "Special Instructions" NEED REVISION? If yes: A. List needed changes:

Yes□ No⊠

USE THIS SPACE FOR ANY OTHER COMMENTS/OBSERVATIONS PERTINENT TO YOUR INSPECTION OF THIS SITE.

ROPOLITAN ST. LOUIS SEWER DISTR IIAL DATA SHEET - FACILITY INFORM

INDUSTRY NAME PRIMARY MSD ACCOUNT NO.

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL
Premise Address

4112195400

1465 South Grand Blvd. St. Louis MO. 63104

INDUSTRIAL USER GLASSIFICATIONS MUNNENBERG INFO. SIU CRIMBRIA Base Map 20F3 POTM Reasonable potential for adverse affect on 03/06/1997 PTW Wun:St. Louis City & Co. Grid: H 21 Page 38 INSPECTION INFORMATION GENERAL INFORMATION PERMIT INFORMATION IUO INFORMATION Office Mailing Address Issue Date: IUQ Recvd Date: 10/29/1999 05/01/2010 Next Due Expire Date: 04/30/2015 1465 South Grand Blvd Insp Rslt Reviewer: Fabian Grabski St. Louis, MO. 63104-1095 **Extended Date:** IUQ Recvd Date: 12/20/2004 12/13/2011 RIN David Kupke **Billing Address** Writer Scott Rehmer Reviewer: David Kupke 1465 South Grand Blvd. IUQ Recvd Date: 11/24/2009 St Louis, MO. 63104 Reviewer: David Kupke CONTACTS BILL Tom Brinkmann Director of Facilities (314) 768-8025 Ext. OFF FLD1 Tom Brinkmann Director of Facilities **OFF** (314) 768-8025 Ext. FLD2 Kevin Smith Facilities Supervisor **OFF** (314) 268-2768 Ext. Jack Mitchell FLD3 Maintenance Mechanic OFF (314) 577-5600 Ext. Tom Brinkmann OFF1 Director of Facilities OFF (314) 768-8025 Ext. Kevin Smith OFF2 Facility Supervisor **OFF** (314) 268-2768 Ext. DEFRATIONAL INFORMATION OTHER AGENCIES INFORMATION 09/29/1997 EPA - Hazardous Waste Program MOD075904839 Work Days: S S M T W T F 11/03/1997 Nuclear Regulatory Commission 24-00196-07 600 08:00AM 8.0 Y Y Y Y Y Y 11/10/2000 MDNR - Hazardous Waste Program 001310 2 400 04:00PM 8.0 Y Y Y Y Y 09/28/2005 MSD - Billing Account Number 00208068 3 350 12:00AM 8.0 Y Y Total Emp: 1,350 Hrs: 24.0 NON-SEWERED WASTE On-Site Storage Y On-Site Disposal N Off-Site Disposal 11/24/2009 Equipment Oils and/or Grease GAL 12/04/2009 Infectious Waste Medical waste 35314 LB/YR 12/04/2009 Other Chemical waste 556 LB/YR COMMENTS RAW MATERIALS C SIC INFORMATION EFF DATE MATERIAL_DESCRIPTION QUANTITY SIC DESCRIPTION 8069 Specialty Hospitals, Except Psychiatric PRODUCTS EFF DATE DESCRIPTION UNIT AVG_PROD MAX_PROD 05/07/2004 General hospital

Report No. PIMS012A

01/31/2012

Data Date & Time:

01/31/2012

7:43:14 am 7:43:14 am

SROPOLITAN ST. LOUIS SEWER DISTRI JIAL DATA SHEET - FACILITY INFORM

INDUSTRY NAME PRIMARY MSD ACCOUNT NO.

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL
Premise Address 4112195400

1465 South Grand Blvd. St. Louis MO. 63104

SEWER ACCOUNTS Sewer Accounts 4112195400

WATER CO	NSUMPTION .	AND WASTEWA	TER DIS	CHARGE						
Start Da	te = 01/01/20	10 12E00100anm=	12/31/	2011 12:59:	59PN	Adays	Cdays			
Acct. No.			Co	nsumption					Disc	harge
4112195400	0		CCF's	Gallons					Gal/ Wday	Gal/ Cday
4112195400	0 10/21/2009	02/08/2010	-21,930	-21,930	Α	111	111		111	
4112195400	0 02/09/2010	04/16/2010	3,943	-17,987		67	67		178	
4112195400	0 04/17/2010	08/05/2010	11,091	-6,896		111	111		289	
4112195400	0 08/06/2010	11/02/2010	11,817	4,921		89	89		378	
4112195400	0 11/03/2010	02/07/2011	6,322	11,243		97	97		475	٠
4112195400	0 02/08/2011	05/03/2011	4,143	15,386		85	85		560	
4112195400	05/04/2011	07/29/2011	10,404	25,790		87	87		647	
4112195400	0 07/30/2011	11/04/2011	13,407	39,197		98	98		745	
RF	0.51 Acct. Facility	Total Fotal	39,197 39,197	29,321,394		,	745	745	20,072	20,072

METROPOLITAN ST. LOUIS SEWER DISTR IIAL DATA SHEET - FACILITY INFORM

INDUSTRY NAME

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL
TNO 4112195400 Premise Address

4112195400 PRIMARY MSD ACCOUNT NO.

1465 South Grand Blvd. St. Louis MO. 63104

CONNECTION LATERAL NO.	end SAMPUE POINT INFORMATION Lateral Type	DSMI	H Tr	eatment Area	Bissell	Point		
01	Sanitary Or Combined	20F3	350C	Trunk Sewe	r Rock S _l	prings		
Description	Line from building northwest to Vista Av.							
Sewer Route	West on Vista to 39th St, continuing West to	9' relief	sewer then N	orth to trunk.				
SAMPLE POIN	NT NO. 001 Ordinance		NPDE	ES Outfall No				
Description	MH on sidewalk S of Vista Ave., E of over	erhead wa	lkway, Flow	from SE				Effective
Discharge Com	ponents Process Description		Avg Flow	Unit	Max Flow	Unit	RUD	Date
Sanitary			28,350	GPD		GPD	D	11/24/09
Boiler Blowdown	n		3,600	GPD		GPD	D	11/24/09
Non Contact Coo	oling Watertoclaves		220	GPD		GPD	D	11/24/09
Cooling Tower E	_		2,930	GPD		GPD	D	11/24/09
Kitchen Waste				GPD		GPD	D	11/24/09
Hospital Waste			34,648			GPD	D	11/24/09
Storm Water				GPD		GPD	D	11/24/09
	Total Flow Avg =		77,748	Max	=			
CONNECTION	and SAMPLE POINT INFORMATION	000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	100100000000000000000000000000000000000	10000000000000000000000000000000000000	addodadadaaaadtadadaaadt	,000 <u>000000000000000000000000000000000</u>
LATERAL NO.		DSM	H Tr	eatment Area	Bissell	Point		
03	Sanitary Or Combined	20F3	360C	Trunk Sewe				
Dosovintia-	•				·			
Description	8" line exiting NW from SW main hospital e							
·	•	entrance in	nto manhole	lief sewer then	North to trur	ık.		
Description Sewer Route SAMPLE POIN	8" line exiting NW from SW main hospital e N along Spring, W along Vista,to 39th St, co	entrance in	nto manhole West to 9' rel	lief sewer then		nk.		
Sewer Route	8" line exiting NW from SW main hospital e N along Spring, W along Vista, to 39th St, co	entrance in	nto manhole West to 9' rel			nk.		
Sewer Route SAMPLE POIN Description	8" line exiting NW from SW main hospital e N along Spring, W along Vista, to 39th St, co NT NO. 004 Ordinance MH 3' W from SW corner of emergency b	entrance in	nto manhole West to 9' rel	ES Outfall No			240	Effective
Sewer Route SAMPLE POIN Description Discharge Com	8" line exiting NW from SW main hospital e N along Spring, W along Vista, to 39th St, co NT NO. 004 Ordinance MH 3' W from SW corner of emergency b sponents Process Description	entrance in	nto manhole West to 9' rel NPDE Avg Flow	ES Outfall No Unit		nk. Unit	RUD	Effective Date
Sewer Route SAMPLE POIN Description Discharge Com Hospital Waste	8" line exiting NW from SW main hospital e N along Spring, W along Vista, to 39th St, co NT NO. 004 Ordinance MH 3' W from SW corner of emergency b	entrance in	NPDE Avg Flow 4,000	ES Outfall No Unit GPD			RUD D	Date 12/17/10
Sewer Route SAMPLE POIN Description Discharge Com	8" line exiting NW from SW main hospital e N along Spring, W along Vista, to 39th St, co NT NO. 004 Ordinance MH 3' W from SW corner of emergency b sponents Process Description	entrance in	NPDE Avg Flow 4,000	ES Outfall No Unit		Unit		Date
Sewer Route SAMPLE POIN Description Discharge Com Hospital Waste	8" line exiting NW from SW main hospital e N along Spring, W along Vista, to 39th St, co NT NO. 004 Ordinance MH 3' W from SW corner of emergency b Process Description X-ray dentist and Laboratory services	entrance in	NPDE Avg Flow 4,000 4,000	ES Outfall No Unit GPD		Unit GPD	D	Date 12/17/10
Sewer Route SAMPLE POIN Description Discharge Com Hospital Waste Sanitary	8" line exiting NW from SW main hospital e N along Spring, W along Vista, to 39th St, co NT NO. 004 Ordinance MH 3' W from SW corner of emergency b sponents Process Description	entrance in	NPDE Avg Flow 4,000 4,000	ES Outfall No Unit GPD GPD	Max Flow	Unit GPD GPD	D D	Date 12/17/10 12/17/10
Sewer Route SAMPLE POIN Description Discharge Com Hospital Waste Sanitary Storm Water	8" line exiting NW from SW main hospital e N along Spring, W along Vista, to 39th St, co NT NO. 004 Ordinance MH 3' W from SW corner of emergency b nponents Process Description X-ray dentist and Laboratory services Total Flow Avg =	entrance in	NPDE Avg Flow 4,000 4,000 0	Unit GPD GPD GPD	Max Flow	Unit GPD GPD	D D	Date 12/17/10 12/17/10
Sewer Route SAMPLE POIN Description Discharge Com Hospital Waste Sanitary Storm Water	8" line exiting NW from SW main hospital e N along Spring, W along Vista, to 39th St, co NT NO. 004 Ordinance MH 3' W from SW corner of emergency b nponents Process Description X-ray dentist and Laboratory services Total Flow Avg =	entrance in	NPDE Avg Flow 4,000 4,000 0 8,000	Unit GPD GPD GPD	Max Flow	Unit GPD GPD GPD	D D	Date 12/17/10 12/17/10
Sewer Route SAMPLE POIN Description Discharge Com Hospital Waste Sanitary Storm Water	8" line exiting NW from SW main hospital e N along Spring, W along Vista, to 39th St, co NT NO. 004 Ordinance MH 3' W from SW corner of emergency b nponents Process Description X-ray dentist and Laboratory services Total Flow Avg =	entrance in continuing coulding	NPDE Avg Flow 4,000 4,000 0 8,000	Unit GPD GPD GPD Max	Max Flow Bissell	Unit GPD GPD GPD	D D	Date 12/17/10 12/17/10
Sewer Route SAMPLE POIN Description Discharge Com Hospital Waste Sanitary Storm Water CONNECTION LATERAL NO.	8" line exiting NW from SW main hospital e N along Spring, W along Vista, to 39th St, co NT NO. 004 Ordinance MH 3' W from SW corner of emergency b aponents Process Description X-ray dentist and Laboratory services Total Flow Avg = and SAMPLE POINT INFORMATION Lateral Type	entrance in continuing coulding DSMI 20F3	NPDE Avg Flow 4,000 4,000 0 8,000	Unit GPD GPD GPD Max	Max Flow	Unit GPD GPD GPD	D D	Date 12/17/10 12/17/10
Sewer Route SAMPLE POIN Description Discharge Com Hospital Waste Sanitary Storm Water CONNECTION LATERAL NO. 04	8" line exiting NW from SW main hospital e N along Spring, W along Vista, to 39th St, co NT NO. 004 Ordinance MH 3' W from SW corner of emergency b nponents Process Description X-ray dentist and Laboratory services Total Flow Avg = and SAMPLE POINT INFORMATION Lateral Type Sanitary Or Combined	entrance in continuing coulding DSMI 20F3	Avg Flow 4,000 4,000 0 8,000	Unit GPD GPD GPD Max eatment Area	Max Flow Bissell Rock S	Unit GPD GPD GPD	D D	Date 12/17/10 12/17/10
Sewer Route SAMPLE POIN Description Discharge Com Hospital Waste Sanitary Storm Water CONNECTION LATERAL NO. 04 Description Sewer Route	8" line exiting NW from SW main hospital e N along Spring, W along Vista, to 39th St, co NT NO. 004 Ordinance MH 3' W from SW corner of emergency b nponents Process Description X-ray dentist and Laboratory services Total Flow Avg = and SAMPLE POINT INFORMATION Lateral Type Sanitary Or Combined 8" lateral exiting W from North side West bu N onto Vista Ave., West on Vista to 39th St,	entrance in continuing coulding DSMI 20F3	Avg Flow 4,000 4,000 0 8,000 H Tr 350C	Unit GPD GPD Max eatment Area Trunk Sewer	Max Flow Bissell r Rock Space North to the	Unit GPD GPD GPD	D D	Date 12/17/10 12/17/10
Sewer Route SAMPLE POIN Description Discharge Com Hospital Waste Sanitary Storm Water CONNECTION LATERAL NO. 04 Description Sewer Route SAMPLE POIN	8" line exiting NW from SW main hospital e N along Spring, W along Vista, to 39th St, co NT NO. 004 Ordinance MH 3' W from SW corner of emergency b nponents Process Description X-ray dentist and Laboratory services Total Flow Avg = and SAMPLE POINT INFORMATION Lateral Type Sanitary Or Combined 8" lateral exiting W from North side West bu N onto Vista Ave., West on Vista to 39th St,	DSMI 20F3 ailding	Avg Flow 4,000 4,000 0 8,000 H Tr 350C	Unit GPD GPD GPD Max eatment Area	Max Flow Bissell r Rock Space North to the	Unit GPD GPD GPD	D D	Date 12/17/10 12/17/10 12/17/10
Sewer Route SAMPLE POIN Description Discharge Com Hospital Waste Sanitary Storm Water CONNECTION LATERAL NO. 04 Description	8" line exiting NW from SW main hospital e N along Spring, W along Vista, to 39th St, co NT NO. 004 Ordinance MH 3' W from SW corner of emergency b ponents Process Description X-ray dentist and Laboratory services Total Flow Avg = and SAMPLE POINT INFORMATION Lateral Type Sanitary Or Combined 8" lateral exiting W from North side West bu N onto Vista Ave., West on Vista to 39th St, NT NO. 005 Ordinance Manhole 12' N, 10' E from the NW corner	DSMI 20F3 ailding	Avg Flow 4,000 4,000 0 8,000 H Tr 350C	Unit GPD GPD Max eatment Area Trunk Sewer	Max Flow Bissell r Rock Space North to the	Unit GPD GPD GPD	D D	Date 12/17/10 12/17/10
Sewer Route SAMPLE POIN Description Discharge Com Hospital Waste Sanitary Storm Water CONNECTION LATERAL NO. 04 Description Sewer Route SAMPLE POIN Description Discharge Com	8" line exiting NW from SW main hospital e N along Spring, W along Vista, to 39th St, co NT NO. 004 Ordinance MH 3' W from SW corner of emergency b sponents Process Description X-ray dentist and Laboratory services Total Flow Avg = and SAMPLE POINT INFORMATION Lateral Type Sanitary Or Combined 8" lateral exiting W from North side West bu N onto Vista Ave., West on Vista to 39th St, NT NO. 005 Ordinance Manhole 12' N, 10' E from the NW comertiponents Process Description	DSMI 20F3 ailding	Avg Flow 4,000 4,000 0 8,000 H Tr 350C NPDE St building Avg Flow	Unit GPD GPD Max eatment Area Trunk Sewer relief sewer the	Max Flow Bissell r Rock Space North to to	Unit GPD GPD Point prings	D D	Date
Sewer Route SAMPLE POIN Description Discharge Com Hospital Waste Sanitary Storm Water CONNECTION LATERAL NO. 04 Description Sewer Route SAMPLE POIN Description Discharge Com Non Contact Coc	8" line exiting NW from SW main hospital e N along Spring, W along Vista, to 39th St, co NT NO. 004 Ordinance MH 3' W from SW corner of emergency b ponents Process Description X-ray dentist and Laboratory services Total Flow Avg = and SAMPLE POINT INFORMATION Lateral Type Sanitary Or Combined 8" lateral exiting W from North side West bu N onto Vista Ave., West on Vista to 39th St, NT NO. 005 Ordinance Manhole 12' N, 10' E from the NW corner	DSMI 20F3 ailding	Avg Flow 4,000 4,000 0 8,000 H Tr 350C NPDE est building Avg Flow 600	Unit GPD GPD Max reatment Area Trunk Sewer relief sewer the ES Outfall No Unit GPD	Max Flow Bissell r Rock Space North to to	Unit GPD GPD Point prings runk. Unit GPD	D D D	Date 12/17/10 12/17/10 12/17/10 Effective Date 11/24/09
Sewer Route SAMPLE POIN Description Discharge Com Hospital Waste Sanitary Storm Water CONNECTION LATERAL NO. 04 Description Sewer Route SAMPLE POIN Description Discharge Com Non Contact Coc Hospital Waste	8" line exiting NW from SW main hospital e N along Spring, W along Vista, to 39th St, co NT NO. 004 Ordinance MH 3' W from SW corner of emergency b sponents Process Description X-ray dentist and Laboratory services Total Flow Avg = and SAMPLE POINT INFORMATION Lateral Type Sanitary Or Combined 8" lateral exiting W from North side West bu N onto Vista Ave., West on Vista to 39th St, NT NO. 005 Ordinance Manhole 12' N, 10' E from the NW comertiponents Process Description	DSMI 20F3 ailding	Avg Flow 4,000 4,000 8,000 H Tr 350C NPDE est building Avg Flow 600 8,000	Unit GPD GPD Max eatment Area Trunk Sewer relief sewer the ES Outfall No Unit GPD GPD	Max Flow Bissell r Rock Space North to to	Unit GPD GPD Point prings runk. Unit GPD GPD	D D D	Date 12/17/10 12/17/10 12/17/10 Effective Date 11/24/09 11/24/09
Sewer Route SAMPLE POIN Description Discharge Com Hospital Waste Sanitary Storm Water CONNECTION LATERAL NO. 04 Description Sewer Route SAMPLE POIN Description Discharge Com Non Contact Coc	8" line exiting NW from SW main hospital e N along Spring, W along Vista, to 39th St, co NT NO. 004 Ordinance MH 3' W from SW corner of emergency b sponents Process Description X-ray dentist and Laboratory services Total Flow Avg = and SAMPLE POINT INFORMATION Lateral Type Sanitary Or Combined 8" lateral exiting W from North side West bu N onto Vista Ave., West on Vista to 39th St, NT NO. 005 Ordinance Manhole 12' N, 10' E from the NW comertiponents Process Description	DSMI 20F3 ailding	Avg Flow 4,000 4,000 8,000 H Tr 350C NPDE est building Avg Flow 600 8,000 1,400	Unit GPD GPD Max reatment Area Trunk Sewer relief sewer the ES Outfall No Unit GPD	Max Flow Bissell r Rock Space North to to	Unit GPD GPD Point prings runk. Unit GPD	D D D	Date 12/17/10 12/17/10 12/17/10 Effective Date 11/24/09

Report No. PIMS012A	01/31/2012	7:43:14 am
Data Date & Time:	01/31/2012	7:43:14 am

SP EFF DATE TYPE DESCRIPTION 001 02/20/2003 DC28 Grease Trap

004 03/03/2004 DC32 Metallic Replacement

MESTROPOLITAN ST. LOUIS SEWER DISTRA IAL DATA SHEET - FACILITY INFORM

INDUSTRY NAME

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL Premise Address 4112195400 PRIMARY MSD ACCOUNT NO.

1465 South Grand Blvd. St. Louis MO. 63104

PRIORITY POLLUTANTIS			~		
Pollutant Description	<u>Status</u>	Pollutant Description	<u>Status</u>	Pollutant Description	<u>Status</u>
Silver (Total)	KP	Mercury (Total)	KP	Phenol	KP
2,4-Dinitrophenol	KP	Methylene Chloride	KP	Chloroform	KP

EXTRA STRENGTH SURCHARGE INFORMATION

Report No. PIMS012A Data Date & Time:

01/31/2012

01/31/2012

7:43:14 am 7:43:14 am PIMS FACILITY CONTACTS

Located at

For Account Number Selected 4112195400

SSM CARDINAL GLENNON CHILDRE

HOSPITAL

1465 South Grand Blvd.

St. Louis

MO 63104

Address	Type
---------	------

Contact Type	Contact Name		Contact Title	Phone Type	Number	Ext.
Billing Address						
Billing Contact	Tom	Brinkmann	Director of Facilities	OFF	(314)768-8025	
Office Mailing Address						
Office Contact - Primary	Tom	Brinkmann	Director of Facilities	OFF	(314)768-8025	
Office Contact 1st Alt	Kevin	Smith	Facility Supervisor	OFF	(314)268-2768	
Premise Address						
Field Contact - Primary	Tom	Brinkmann	Director of Facilities	OFF	(314)768-8025	
Field Contact 1st Alt	Kevin	Smith	Facilities Supervisor	OFF	(314)268-2768	
Field Contact 2nd Alt	Jack	Mitchell	Maintenance Mechanic	OFF	(314)577-5600	

1

PIMS REPORT OF FIELD SAMPLING REQUIREMENTS SSM CARDINAL GLENNON CHILDREN'S HOSPITAL

Account No Entered 4112195400

SPN	PRE	MISE ADDRESS	CITY	ST	ZIP
19pono-consposos (19pono-19pono-19pono-19pono-19pono-19pono-19pono-19pono-19pono-19pono-19pono-19pono-19pono-1	1465	South Grand Blvd.	St. Lou	uis MO	63104
001 Project Code: Pollutant Group	IM = I Poll Code	PD - Company - MSD Pollutant Description	Frequency	Sample Type	End Date
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2012
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2012
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2012
	T237000	рН	Once/year	Grab	06/30/2012
	T247000	Temperature	Once/year	Grab	06/30/2012
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2012
	T257000	Total Phenols	Once/year	Grab	06/30/2012
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs	06/30/2012
Phenolic Organics - Acids	T991000	Phenolic Organics - Acids	Once/year	Grab	06/30/2012
Volatile Organics	T996000	Volatile Organics	Once/year	Grab	06/30/2012
004 Project Code:	IM= I	PD - Company - MSD			
Pollutant Group	Poll Code	Pollutant Description	Frequency	Sample Type	End Date
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2012
•	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2012
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2012
	T237000	pH	Once/year	Grab	06/30/2012
	T247000	Temperature	Once/year	Grab	06/30/2012
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2012
	T257000	Total Phenols	Once/year	Grab	06/30/2012
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs	06/30/2012
henolic Organics - Acids	T991000	Phenolic Organics - Acids	Once/year	Grab	06/30/2012
olatile Organics	T996000	Volatile Organics	Once/year	Grab	06/30/2012
005 Project Code:	IM= I	PD - Company - MSD			
Pollutant Group	Poll Code	Pollutant Description	Frequency	Sample Type	End Date
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2012
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2012
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2012
	FD0.0000	17	Once/year	Grab	06/30/2012
	T237000	pН	Officer year		
	T237000 T247000	Temperature	Once/year	Grab	06/30/2012
		•	•		
	T247000	Temperature	Once/year	Grab	06/30/2012
henolic Organics - Acids	T247000 T256000	Temperature Total Suspended Solids	Once/year Once/year	Grab Comp-Time 04 Hrs	06/30/2012 06/30/2012

1 of 1

Report No. PIMSU67A	1/31/2012	7:44:12AM
Data Date & Time	1/31/2012	7:44:12AM

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER SELF MONITORING REPORT

PART I:

IDENTIFYING INFORMATION

Company Name: SSM CARDINAL GLENNON CHILDREN'S HOSPITAL

Permit No: 4112195400-3

Effective Date: 5-1-2010

Expiration Date: 4-30-2015

Premise Address: 1465 S Grand Blvd, 63104

Monitoring Period:

□(JAN-MAR)

(APR-JUNE)

□(JULY-SEPT)

(OCT-DEC)

Samples Collected By: MIDWEST TESTING LABORATORIES Analyses Performed By: MIDWEST TESTING LABORATORIES

PART II: ANALYTICAL RESULTS OF SELEMONS

MSD SAMPLE POINT REFERENCE NUMBERS	is or se			j 		egymentones		
		<u></u>	@01		004		005	ar,
DATES ON WHICH SAMPLES WERE COLLECTED	¢	10	-18/10-19	10	-18/10-19	10	-20/10-21	2011
TIMES AT WHICH SAMPLES WERE COLLECTED	⇔		09:15 am		09:30 am	09:10 am		and the state of t
PARAMETER	LIMIT	RE	CORD SAMPLE T (G=grab, C=con	YPES	(G, C, M OR E) Al	ND RE	SULTS BELOW hated flow)	UNITS
FLOW ^k			78k		8K		10K	
OIL AND GREASE	200	G	14	G	10	G	12	mg/L
BOD	200	С	161	С	304	С	233	mg/L
COD	****	С	238	С	414	. C	352	mg/L
TOTAL SUSPENDED SOLIDS	***	С	42	С	263	С	90	mg/L
TEMPERATURE (Degrees C)	60	G	20.9	G	17.1	G	17.6	
pH (Std. Units)	5.5-11	. 6	8.26	G	8.59	G	7.39	netwisynapaninashindussusynusiayi
SILVER	0.5	С	0.03	С	< 0.01	С	0.02	mg/L
PHENOL	21	G	<0.05	G	<0.05	G	< 0.05	mg/L
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			PASSANANI, elikikustusus pyriiyi kylykystystikiskytyny ysissan					
*	***************************************		Andrean Control of the Control of th					
provided per pe with			***************************************					o^
*provided per pc with G. Hrbace K. on 11/03/11 SR			Managani Markatan Ingga kangga kanaka ka					
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							dahaannaan ja	
					***************************************	l		

You must complete and sign the certification statements on the second page

NOV 0 3 2011

DIVISION OF ENVIRONMENTAL COMP 14 125

INDUSTRIAL USER SELF MONITORING REPORT PAGE 2

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify the following. Please review your permit and PLACE YOUR INITIALS ON THE LINES NEXT TO THE CERTIFICATIONS.

-- NONE --

PART IV: GENERAL CERTIFICATION STATEMENTS

В	DISCHARGE MONITORING REPORT CERTIFICATION
	All permittees must sign and complete the information below:
	I certify under penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
	Print or type name of signing official: Grey Hubacel
	Title: Team Leader Plant Operations Telephone: 314-577-5327
	Signature:

RECEIVED

KOV 0 3 2011

DIVISION OF ENVIRONMENTAL COMPLIANCE



SAINT LOUIS UNIVERSITY

Caroline Building - Room C305 1402 South Grand Blvd. St. Louis, MO 63104-1085 Fax 314-977-5560 www.slu.edu

Office of Environmental Safety & Service Environmental Safety: 314-977-8608 Radiation Safety: 314-977-8609

Environments Radiation Sal

October 21, 2011

SSM Cardi 4112195400

C4.

Douglas M. Mendoza
Industrial Waste Engineer
Metropolitan St. Louis Sewer District
Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(FAX #: 436-8753)

SUBJECT: Quarterly Reports Of Radionuclide Discharge For The Period July - September 2011

Dear Mr. Mendoza:

Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for <u>all</u> Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Todd Stirewalt (Anheuser Busch Institute, Saint Louis University Hospital).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by Cardinal Glennon) will be incorporated into this report.

If you have any questions regarding these reports, please contact me at 977-6896.

Sincerely,

Kevin Ferguson Health Physicist

RECEIVED

OCT 2.5 200

DIVISION OF ENVIRONMENTAL COMPRISED

PART I: IDENTIFYING INFORMATION

Company Name: Cardinal Glennon Hospital
Permit No: - 4// 2/9 5400
Premise No: 1465 S. Grand, 63104

Reporting Period:

□(JAN-MAR)

□(APR-JUNE)

(JULY-SEPT)

□(OCT-DEC)

cB 1

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS



I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print/type name of signing official: Kevin Ferguson		OCT 2 5 2011
Title: Health Physicist	Telephone: 977-6896	DIVISION O F
Signature:	Date: /0/2////	ENVIRONMENTAL COMPLIANT

MSD

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER SELF MONITORING REPORT

PART I:

IDENTIFYING INFORMATION

Company Name: SSM CARDINAL GLENNON CHILDREN'S HOSPITAL

Permit No: 4112195400-3

Effective Date: 5-1-2010

Expiration Date: 4-30-2015

Premise Address: 1465 S Grand Blvd, 63104

(JAN-MAR)

(APR-JUNE)

M(JULY-SEPT)

Samples Collected By: MIDWEST TESTING LABORATORIES

Monitoring Period:

D(OCT-DEC)

Analyses Performed By: MIDWEST TESTING LABORATORIES

PART II: ANALYTICAL RESULT MSD SAMPLE POINT REFERENCE NUMBERS	¢		¢01	Ì	004	ľ	005	
DATES ON WHICH SAMPLES WERE COLLECTED	8	7-	X	17-	,	17-	21/7-22-1	1
TIMES AT WHICH SAMPLES WERE COLLECTED	Þ		09:15 am	1	09:25 am		09:20am	
PARAMETER	LIMIT	RE	CORD SAMPLE T	YPES nposits,	(G, C, M OR E) At M=measured flow, E	ND RE	SULTS BELOW	UNITS
FLOW			78K		8K		IOK	GPD
OIL AND GREASE	200	G	12	G	16	G	10K	mg/L
BOD	200	С	116	C	226	С	126	mg/L
COD	***	С	148	C	360	. C	171	mg/L
TOTAL SUSPENDED SOLIDS	安长长米	С	23	С	292	c	14	mg/L
TEMPERATURE (Degrees C)	60	G	28.8	G	27.2	G	26.5	1467.0
pH (Std. Units)	5.5-11	. 6	7.62	G	8.27	G	8.30	
SILVER	0.5	С	0.04	С	0.03	С	0.02	mg/L
PHENOL	21	G	< 0.05	G	< 0.05	G	< 0.05	mg/L
		[
					,	一十		

You must complete and sign the certification statements on the second page.

MIDWEST TESTING LABORATORIES

2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

Date: August 1, 2011 Lab. No.: 2011MT0295 Invoice No.: 211221 P. O. No.: 4501567522

SSM CARDINAL GLENNONS CHILDREN'S HOSPITAL, 1465 S. Grand Boulevard St. Louis, Missouri 63103-1095

ATTENTION: Mr. Greg Hrbacek

REPORT OF TESTS

SAMPLE MATRIX: Waste Water

SAMPLE LD.: Sample Point Ref. Number; 001

24 hrs. Waste Water Composite: 09:15 a.m. / 7-19-11 to 09:15 a.m. / 7-20-11

Grab Sample 9:15 a.m. / 7-19-11 Sample Point Rcf. Number: 004

Waste Water Composite: 09:25 a.m. / 7-19-11 to 09:25 a.m. / 7-20-11

Grab Sample 09:25 a.m. / 7-19-11 Sample Point Ref. Number: 005

Waste Water Composite: 09:20 a.m. / 7-21-11 to 09:20 a.m. / 7-22-11

Grab Sample: 09:20 a.m. / 7-21-11

DATE ANALYZED: 7-19-11 to 8-1-11

RESULTS: mg/L OR PARTS PER MILLION (PPM)

ANALYTE	# 001	# 004	#005	MDL	METHOD NUMBER
Oil & Grease	12	1.6	9	5	413.1
BOD	116	226	126	10	405,1
COD	148	360	171	10	410.1
TSS	23	292	14	5	160.2
Temperature (Degrees C)	28.8	27.2	26,5	.1	170,1
pH (Std Units)	7.62	8.27	8.30	.02	150,1
Silver	0.04	0,03	0.03	.01	272.1
Phenol	< 0.05	< 0.05	< 0.05	.05	420.1

MDL: Method Detection Limit

Identification of tested specimens provided by the client

MIDWEST TESTING LABORATORIES

DINESH N. SHAH Laboratory Manager

INDUSTRIAL USER SELF MONITORING REPORT PAGE 2

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify the following. Please review your permit and PLACE YOUR INITIALS ON THE LINES NEXT TO THE CERTIFICATIONS.

-NONE -

PART IV: GENERAL CERTIFICATION STATEMENTS

В	DISCHARGE MONITORING REPORT CERTIFICATION	
	All permittees must sign and complete the information below:	
	I certify under penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting fall information, including the possibility of fine and imprisonment for knowing violations.	d
	Print or type name of signing official: 6 ves Hrbace14	-
	Thle: Plant operations - Team Leader Telephone: 314-577-5327	-
	Signature: Dete: 8/5/11	



SAINT LOUIS UNIVERSITY Caroline Building - Room C30: 1402 South Grand Blvd. St. Louis, MO 63104-1085 Fax 314-977-5560 www.slu.edu

Office of Environmental Safety & Service: Environmental Safety: 314-977-8608 Radiation Safety: 314-977-8609

July 26, 2011

Douglas M. Mendoza
Industrial Waste Engineer
Metropolitan St. Louis Sewer District
Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(FAX #: 436-8753)

SSM Cardinal Stennor

SUBJECT:

Quarterly Reports Of Radionuclide Discharge For The Period April - June 2011

Dear Mr. Mendoza:

Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for <u>all</u> Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Todd Stirewalt (Anheuser Busch Institute, Saint Louis University Hospital).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by Cardinal Glennon) will be incorporated into this report.

If you have any questions regarding these reports, please contact me at 977-6896.

Sincerely,

Kevin Ferguson Health Physicist

RECEIVED

JUL 28 2011

DIVISION OF ENVIRONMENTAL COMPLIANCE

MOROPOLITAN ST. LOUIS SEWER DISTROCTION INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: Cardinal Glennon Hospital Permit No: - 4112-1954-00

Premise No: 1 Reporting Period:

1465 S. Grand, 63104 i: □(JAN-MAR)

(APR-JUNE)

□(JULY-SEPT)

□(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

A

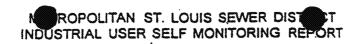
I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print/type name of signing official: Kevin Ferguson	RECEIVED
Title: Health Physicist Signature:	Telephone: 977-6896 Date: 7/24/1/ JUL 28 2011
Significate.	DIVISION OF

ENVIRONMENTAL COMPLIANCE



PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

MSD

1200				
Company Name:	SSM CARDINAL GLI	ENNONE HOSPITAL		
	41121954-00			under the second se
		Lvd. St. Louis, M	0 63103-1095	open skulpske statenskapsson (1900 og skulpske foren grede er flyste flyste flyste statenskapsson og skulpske s
	□(JAN-MAR)		□(JULY-SEPT)	□(OCT-DEC)
		ING LABORATORIES	INC	
•		CING LABORATORIES,		
,				

ANALYTICAL RESULTS OF SELF MONITORING PART II:

IDENTIFYING INFORMATION

DADT I

MSD SAMPLE POINT REFERENCE NUMBERS	~>	00	004	005	
DATES ON WHICH SAMPLES WERE COLLECTED	~~~~>	5/10-5/11/1	15/10-5/11/11	5/12-5/13/1	
TIMES AT WHICH SAMPLES WERE COLLECTED	>	9:00 am	9:15 am	08:50 am	
PARAMETER	LIMIT	l} .	YPES (G, C, M OR E) A site, M=measured flow,		UNITS
FECH		78K	8K	10K	GPD
OIL & GREASE	200	.19	14	10	mg/L
вор	200	232	312	150	mg/L
COD	****	388	597	247	mg/L
TOTAL SUSPENDED SOLIDS	***	52	340	225	mg/I.
TEMPERATURE (Degrees C)	60	23.6	22.9	24.1	
pH (Std. Units)	5.5-1	7.96	8.16	7.88	
ŚILVER	.5	0.03	0.02	< 0.01	mg/L
PHENOL	<u> </u>	<.0.05	< 0.05	< 0.05	mg/L
					
* provided per pc w/ G. Hrbacek on 6/22/11.					
G. HRbacek on 6/22/11.		·			
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You must complete and sign the certification statements on the reverse side.

JUN 15 2011

DIVISION OF ENVIRONMENTAL COMPLIANCE

INDUSTRIAL USER SELF MONITORING REPORT PAGE 2

PART III:

SPECIAL CERTIFICATION STATEMENTS



Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

	certification: I certify, since the last discharge monitoring report, there has been	no change in the character of the was	tes discharged at sampling
	point(s)		
8.	If your permit special conditions waive monitoring at active connection poir are required to make the following certification:	its which are not specified as sample	points in your permit, you
	I certify, since the last discharge monitoring report, there has been connection points which are not specified in my permit.	no change in the character of wastes	discharged at those active
C.	If your permit special conditions waive monitoring at inactive connection p I certify, since the permit issue date, there has been no change points remain inactive and no discharge occurred during the per	in the status of connection points ide	
D.	If your permit special conditions authorize grab sample collection in lieu of make the following certification:	composite sampling at any sample p	pint(s), you are required to
	I certify the grab sample results in this report accurately represe	nt our average daily discharge at sai	mple point(s)
€.	If your permit special conditions prohibit discharge of wastes which are subjet to make the following certification:	ct to certain categorical pretreatment :	standards, you are required
	I certify, since the last discharge monitoring report, there has be standards in 40 CFR	een no discharge of wastes which a	re subject to pretreatment
F.	Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) of at the Pharmaceutical sample point(s) subject to fellowing certifications of certify; since the last discharge monitoring moon, cyanido has no process subject to Categorical Standards in 40 CFR 439.	·	•
G.	Discharges Subject to Categorical Standards for Electroplating (40 CFR Components (40 CFR 469) can be exempted from TTO monitoring only Components sample point(s) subject to the following certification: Based on my inquiry of the person or persons directly responsible organics (TTO), I certify that, to the best of my knowledge as wastewaters has occurred since filing the last discharge monitorin organic management plan submitted to MSD.	at the Electroplating, Metal Finishing for managing compliance with the pend belief, no dumping of concentrate	or Electrical & Electronic mit limitation for total toxic ed toxic organics into the
PART I	IV: GENERAL CERTIFICATION STATEMENTS		
Initial the	e box for statement A if it applies to you. Everyone must complete the in	formation under statement B and	sign this roport.
A .	Discharges at sample points subject only to MSD Ordinance limits can be ex In lieu of monitoring for TTO at sample point(s) toxic organics have been used at this premise or discharged into the sample point of the premise or discharged into the sample point of the premise or discharged into the sample points.	. I certify that to the best of m	y knowledge and belief, no
B	DISCHARGE MONITORING REPORT CERTIFICATION		·
designed who man and belie	under penalty of Law that this document and all attachments were prepared to assure that qualified personnel property gather and evaluate the informage the system, or those persons directly responsible for gathering the informaf, true, accurate, and complate. I am aware that there are significant penaltimisonment for knowing violations.	ation submitted. Based on my inqui mation, the information submitted is,	ry of the person or persons to the best of my knowledge
Print or t	type name of signing official: A Grea Hybacek		5 77
Title: X	Plant Operations, Team Leader	Tataphona: <u>314- 2</u>	\$8-5327
Signature	Plant Operations, Team Leader	Tataphana: <u>314-2</u>	
	2		SWF 10/93

INDUSTRIAL USER SELF MONITORING REPORT PAGE 2

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify the following. Please review your permit and PLACE YOUR INITIALS ON THE LINES NEXT TO THE CERTIFICATIONS.

- NONE ---

PART IV: GENERAL CERTIFICATION STATEMENTS

B	DISCHARGE MONITORING REPORT CERTIFICATION
Ì	All permittees must sign and complete the information below:
	I certify under penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
	Print or type name of signing official: Gregory O. Hybace K
	Title: Plant Operations - Team Leader Telephone: 314-577-5327
	Signature: Dete: 1/28/11

MIDWEST TESTING LABORATORIES

2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

Date: May 24, 2011 Lab. No.: 2011MT0225 Invoice No.: 211147 P. O. No.: 4501567522

SSM CARDINAL GLENNONS CHILDREN'S HOSPITAL 1465 S. Grand Boulevard St. Louis, Missouri 63103-1095

ATTENTION: Mr. Greg Hrbacek

REPORT OF TESTS

SAMPLE MATRIX: Waste Water

SAMPLE I.D.: Sample Point Ref. Number: 001

24 hrs. Waste Water Composite: 09:00 a.m. / 5-10-11 to 09:00 a.m. / 5-11-11

Grab Sample 9:00 a.m. / 5-10-11 Sample Point Ref. Number: 004

Waste Water Composite: 09:15 a.m. / 5-10-11 to 09:15 a.m. / 5-11-11

Grab Sample 09:15 a.m. / 5-10-11 Sample Point Ref. Number: 005

Waste Water Composite: 08:50 a.m. / 5-12-11 to 08:50 a.m. / 5-13-11

Grab Sample: 08:50 a.m. / 5-12-11

DATE ANALYZED: 5-10-11 to 5-24-11

RESULTS: mg/L OR PARTS PER MILLION (PPM)

ANALYTE	# 001	# 004	#005	MDL	METHOD NUMBER
Oil & Grease	19	14	10	5	413.1
BOD	232	312	150	10	405.1
COD	388	597	247	10	410.1
TSS	52	340	225	5	160.2
Temperature (Degrees C)	23.6	22.9	24.1	.1	170.1
pH (Std Units)	7.96	8.16	7.88	.02	150.1
Silver	0.03	0.02	< 0.01	.01	272.1
Phenol	< 0.05	< 0.05	< 0.05	.05	420.1

MDL: Method Detection Limit

Identification of tested specimens provided by the client

MIDWEST TESTING LABORATORIES

RECEIVED

DINESH N. SHAH Laboratory Manager JUN 15 2011

DIVISION OF ENVIRONMENTAL COMPLIANCE

Midwest Testing Laboratories, Inc. warrants that the testing services were conducted in accordance with the standards and procedures specified herein in accordance with generally accepted testing laboratory principles and practices, including generally accepted margins of error for the instruments used in performing the tests. No other warrantees are rendered by Midwest Testing Laboratories as to fitness of the sample for any particular purpose. The only tests requested by the client are those that are set forth on the front of this report. Client releases and holds Midwest Testing Laboratories harmless for any damages which may have been discovered, avoided or mitigated as a result of any additional testing not requested by the client.

The analysis and / or tests have been made and report prepared, based upon results from specific samples identified and supplied by the client or their representatives. We assume no responsibility for any extrapolation of data from the test results and relating such test results to any batch or lot or material from which we had no control of sample acquisition.

This report is furnished in strict confidence for the exclusive use of the client or the client's representative, and no distribution of all or part of the report shall be made to third parties without the prior written approval of the client or the client's representative ordering the work. Official reports will be provided only by Midwest Testing Laboratories, Inc. and will contain a raised seal to certify authenticity. Modification or reproduction of these reports by anyone other than Midwest Testing Laboratories. Inc. is prohibited.

If during or after the performing of these tests it is subsequently necessary for Midwest Testing Laboratories to recreate reports, assemble materials, gather additional information or perform other work with regard to these test results to assist in the preparation for any investigation, civil proceedings or criminal action, regardless of who makes such a request or issues a subpoena, client shall reimburse Laboratory for out of pocket expenses incurred in relation to such work. Client further agrees to compensate Laboratory for any such work which is required, including any time devoted to testifying in depositions, at hearings or in court.

Samples will be destroyed by the laboratory 30 days after the issuance of a formal report, unless the return of the samples to client or client's representative is specifically requested in writing.



SAINT LOUIS UNIVERSITY

Caroline Building - Roor M 3 S 1 1402 South Grand Blvd.
St. Louis, MO 63104-1085
Fax 314-977-5560
www.slu.edu

Office of Environmental Safety & Service: Environmental Safety: 314-977-8608 Radiation Safety: 314-977-8609

April 27, 2011

Douglas M. Mendoza
Industrial Waste Engineer
Metropolitan St. Louis Sewer District
Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(FAX #: 436-8753)

SUBJECT: Quarterly Reports Of Radionuclide Discharge For The Period Jan. - March 2011

Dear Mr. Mendoza:

Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for <u>all</u> Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Todd Stirewalt (Anheuser Busch Institute, Saint Louis University Hospital).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by Cardinal Glennon) will be incorporated into this report.

If you have any questions regarding these reports, please contact me at 977-6896.

Sincerely,

Kevin Ferguson Health Physicist

RECEIVED

MAY 0 4 2011

DIVISION OF ENVIRONMENTAL COMPLIANCE



	$\Box(APR-JUNE)$ $\Box(JULY-SEPT)$ $\Box(OCT-DEC$
II: RECORD OF DISPOSAL OF R	ADIOACTIVE MATERIALS TO THE SEWER SYSTEM
RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
	·
TOTAL ACTIVITY DISCHARGED:	0
III: CERTIFICATION STATEMEN	NIS
our initials in the box under item A.	der items A & B and sign this report.
one must complete the information un	E WITH STATE AND FEDERAL REGULATIONS
CERTIFICATION OF COMPLIANC I certify that to the best of my knowledge	& belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090
CERTIFICATION OF COMPLIANC I certify that to the best of my knowledge governing disposal by release into sanitar	& belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 ry sewage for material regulated by the Nuclear Regulatory Commission and the vely, have been met for the period covered by this report.

Title: Health Physicist

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER SELF MONITORING REPORT

MSD

5R 2-22

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION	HOUR	
Company Name: SSM CARDINAL GLENNONE HOSPITAL	(2nd Set for Q1)	.,
Permit No: 41121954-00 Premise Address: 1465 S. Grand Blvd. St. Louis, MO	63103-1095	
Manitoring Period: (JAN-MAR) (APR-JUNE)	[(JOL1-3L1 1)	(OCT-DEC)
Samples Collected By: MIDWEST TESTING LABORATORIES, TI	NC	
Analyses Performed By: MIDWEST TESTING LABORATORIES,	INC	

THE PART OF THE PART OF	>	00			004	0	05	
ISD SAMPLE POINT REFERENCE NUMBERS		3/7	-3/8/11	3/7-	-3/8/11	3/9	-3/10/11	
DATES ON WHICH SAMPLES WERE COLLECTED		II.	9:05 am	25	9;15 am	9 :	20 am	
TIMES AT WRICH SAMPLES WERE COLLECTED			CORD SAMPLE TY					
PARAMETER	LIMIT	RE G×;	rab, C=compos	res (u ite, #	measured flow,	E=est	immed flow	UNITS
LEGON .			14		8	\vdash	12	mg/L
OIL & GREASE	200			╢╼┪	245	╂─┼	208	mg/L
вор	200	↓	158	╂─┤	00000-A	╂─┼	442	mg/L
COD		} ————————————————————————————————————	280.	╂─┤	496	╟┷╅		I
TOTAL SUSPENDED SOLIDS	***	\blacksquare	68	+	231	╂╼╂	<u>86</u> 18.5	me/L
TEMPERATURE (Degrees C)	60.	1	17.8	-		╬╌┪	8.57	1
pH (Std. Units)	5.5-1	#	8.47	┩	8.56	╂─┤		mg/L
SILVER	. 5	<u> </u>	0.02		< 0.01	-	0.01	mg/I
PHENOL		1	< 0.05		(0.03	╂		748/1
		1-	- Address of				-	
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You must complete and sign the certification statements on the reverse side.

MIDWEST TESTING LABORATORIES

2645 Gravois Avenue • St. Louis. MO 63118 • (314) 773-3035 • FAX (314) 773-3519

Date: March 17, 2011 Lab. No.: 2011MT0164 Invoice No.: 211082 P. O. No.: 4501567522

SSM CARDINAL GLENNONS CHILDREN'S HOSPITAL 1465 S. Grand Boulevard St. Louis, Missouri 63103-1095

ATTENTION: Mr. Greg Hrbacck

REPORT OF TESTS

SAMPLE MATRIX: Waste Water

SAMPLE I.D.: Sample Point Ref, Number: 001

24 hrs. Waste Water Composite: 09:05 a.m. / 3-7-11 to 09:05 a.m. / 3-8-11

Grab Sample 9:05 a.m. / 3-7-11 Sample Point Ref. Number: 004

Waste Water Composite: 09;15 a.m. / 3-7-11 to 09:15 a.m. / 3-8-11

Grab Sample 09:15 a.m. / 3-7-11 Sample Point Ref. Number: 005

Waste Water Composite: 09:20 a.m. / 3-9-11 to 09:20 a.m. / 3-10-11

Grab Sample: 09:20 a.m. / 3-9-11

DATE ANALYZED: 3-7-11 to 3-17-11

RESULTS: mg/L OR PARTS PER MILLION (PPM)

ANALYTE	# 001	# 004	#005	MDL	METHOD NUMBER
Oil & Grease	14	8	12	5	413.1
BOD	158	245	208	10	405.1
COD	280	496	442	10	410.1
TSS	68	231	86	5	160.2
Temperature (Degrees C)	17.8	14,9	18.5	.1	170,1
pH (Std Units)	8.47	8,56	8.57	.02	150.1
Silver	0.02	< 0.01	0.01	.01	272.1
Phenol	< 0.05	< 0.05	< 0.05	,05	420.1

MDL: Method Detection Limit

Identification of tested specimens provided by the client

MIDWEST TESTING LABORATORIES

DINESH N. SHAH Laboratory Manager

PART I:

IDENTIFYING INFORMATION

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER SELF MONITORING REPORT

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

3	3,8
3	-21

Company Name:	SSM CARDINAL (GLENNONE HOSPITAL		
	41121954-00	_	LM, 3-8	- cert rec'd 3/21
		Blvd. St. Louis,	MO 63103-1095	
	(JAN-MAR)		□(JULY-SEPT)	O(OCT-DEC)
		STING LABORATORIES	INC	
•		ESTING LARORATORIE		

MED SAMPLE POINT REFERENCE NUMBERS		0.0		L	004		005	
DATES ON WHICH SAMPLES WERE COLLECTED		11	2-16-11	L	2-15-11		2-16-11	
TIMES AT WHICH SAMPLES WERE COLLECTED		9:0	0-2:25pm	9:05	-2:15pm	9:1	<u>5-2:10pm</u>	
PARAMETER LIMIT			RECORD SAMPLE TYPES (G, C, M OR E) AND RESULTS BELOW G=grab, C=composite, N=measured flow, E=estimated flow					UNITS
FUOU *			78K		8 K		10K	GPD
OIL & GREASE	200		16		9		7	mg/L
BOD	200		284		299		189	mg/L
COD	安安		445		494		330	mg/L
TOTAL SUSPENDED SOLIDS	特任务会		66		232		260	mg/L
TEMPERATURE (Degrees C)	- 60		20.1		19.0		18.5	
pH (Std. Units)	5.5-I		8.63		8.60		8,48	
ŚILVER	. 5		0.05		< 0.01		0 02	mg/L
PHENOL			0,08		< 0.05		< 0.05	mg/L
* provided per pc w/ G. Hrbacek			_					
on 3-8-11. SR								
He also said they will begin					,			
taking 24 HR composites								<u> </u>
next quarter, SR								<u> </u>
	'							
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You must complete and sign the certification statements on the reverse side.

INDUSTRIAL USER SELF MONITORING REPORT PAGE 2

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify the following. Please review your permit and PLACE YOUR INITIALS ON THE LINES NEXT TO THE CERTIFICATIONS.

NONE

PART IV: GENERAL	CERTIFICATION	STATEMENTS
------------------	---------------	-------------------

В	DISCHARGE MONITORING REPORT CERTIFICATION
	All permittees must sign and complete the information below:
	I certify under penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
	Print or type name of signing official: GRELORY O. HRBACEK
	Title: Team Leader, Plant Operations Telephone: 314-577-5375
	Signature:

MIDWEST TESTING LABORATORIES

2645 Gravois Avenue - St. Louis. MO 63118 - (314) 773-3035 - FAX (314) 773-3519

Date: February 24, 2011 Lab. No.: 2011MT0139 Invoice No.: 211053

SSM CARDINAL GLENNONS CHULDREN'S HOSPITAL 1465 S. Grand Boulevard St. Louis, Missouri 63103-1095

ATTENTION: Mr. Greg Hrbacek

REPORT OF TESTS

SAMPLE MATRIX: Waste Water

SAMPLE LD.: Sample Point Ref. Number; 001

Waste Water Composite: 09:00 a.m. / 2-16-11 to 2:25 p.m. / 2-16-11

Grab Sample 9:00 a.m. / 2-16-11 Sample Point Ref. Number: 004

Waste Water Composite: 09:05 a,m, / 2-15-11 to 2:15 p.m, / 2-15-11

Grab Sample 09:05 a.m. / 2-15-11 Sample Point Ref. Number: 005

Waste Water Composite: 09:15 a.m. / 2-16-11 to 2:10 p.m. / 2-16-11

Grab Sample: 09:15 a.m. / 2-16-11

DATE ANALYZED: 2-15-11 to 2-24-11

RESULTS: mg/L OR PARTS PER MILLION (PPM)

ANALYTE	# 001	# 004	#005	MOL	METHOD NUMBER
Oil & Grease	16	9	7	5	413.1
BOD	284	299	189	10	405.1
COD	445	494	330	10	410.1
TSS	66	232	260	5	160.2
Temperature (Degrees C)	20.1	19.0	18,5	1	1.70.1
pH (Std Units)	8.63	8.60	8,48	.02	150.1
Silver	0.05	< 0.01	0.02	.01	272,1
Phenol	0.08	< 0.05	< 0.05	.05	420.1

MDL: Method Detection Limit

Identification of tested specimens provided by the client

MIDWEST TESTING LABORATORIES

Dinesh n Sheep DINESH N. SHAH

Laboratory Manager

MSD

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL FACILITY REINSPECTION REPORT

Compa	any: SSM Cardinal Glennon Children's	Account #:	4112195400					
Prem	any: SSM Cardinal Glennon Children's ise Address: 1465 South Grand Boule	Zip Code:	63104					
MSD Classes: SIU 🛛 CIU 🗌 Surch 📗 Potential Toxic Waste 🖾 Non-Toxic Proc Waste 🗌								
No Process Flow Multi-User Special Handling/Billing								
	any Representative: Kevin Smith							
Title: Facilities Supervisor , Phone#: 314-268-2768								
	ector: Dave Kupke			· · · · · · · · · · · · · · · · · · ·				
Other	rs Present: None							
Inspe	ection Date: 12/17/10 Time: From	12:00 PM	To <u>01:</u>	07 PM (Last Ir	11/24/09			
NOTE:	ALL ITEMS ARE TO BE COMPLETED BASED OF	I EVENTS SI	NCE LAST	INSPECTION. ANS	WERS ARE BASED ON			
	INFORMATION OBTAINED OR PROVIDED BY COMP							
:	* DATABASE ALSO UPDATED WITH APPROPRI	ATE CHANGE	S - see	attached databa	se reports *			
1.	A. ARE THERE ADDITIONAL NON-STORMWA	lS?	Yes□ No⊠					
	List them, note any changes:							
	B. Did all acct no's have water usa	ge on PIMS	?		Yes⊠ No□			
	C. If no to B, explain:							
_	PROGREGARO A GLERNING (VIDAVIDAVIDAVIDA	~ . /		_				
2.	PROCESSES & CLEANUP/WASHDOWN:	Cont/	Water	4 4				
		Batch	Used?		Sample pt.			
	Hospital Waste laboratory	Cont	Yes	daily	SP001, SP004, SP005			
	Kitchen Waste	Cont	Yes	daily	SP001			
	Cooling tower blowdown, Boiler	Batch	Yes	daily	SP001			
	blowdown	Bucch	103	darry	51001			
	Noncontact cooling water-autoclaves	Batch	Yes	daily	SP001, SP005			
		(None)	N/A					
		(None)	N/A					
			.4					
3.	PRETREATMENT (other than grease traps) -		Sample pt.					
Removed Silver based pretreatment (X-ray development replaced with See comment								
1	Digital Imaging System for hospital only (SP001 only)-Metallic							
	replacement and Electrolysis							
Metallic Replacement					SP004			
Ī	T T T T T T T T T T T T T T T T T T T							
L					<u> </u>			
4.	DOES COMPANY HAVE ANY GREASE TRAPS?				Yes⊠ No□			
If ye	es: A. List sample points: SP001				2022 202			
-	B. What is the frequency for cle	aning & ma	intenanc	e? monthly				
	C. Are any additives used in tra				Yes No⊠			
	D. If yes to C, was co. warned MSD will bill them for blockages they cause? Yes No							
	E. Was co. informed that MSD perform				Yes⊠ No□			
	•	-	_					
5.	HAS COMPANY CONSTRUCTED NEW BLDGS/AD	DITIONS WI	TH SEWER	RS SINCE LAST IN	ISP? Yes□ No⊠			
If yes: A. Ask company: Did they notify MSD's Plan Review group? Unknown Yes No								
	B. If no or unknown, has inspect				Yes No			
	C. Comments:			2 1	bosoned Susseed			
								
6. HAS COMPANY BEGUN DISCHARGING ANY NEW POLLUTANTS SINCE THE LAST INSP? Yes N								
If ye								
	B. Will MSD STP exceed existing NPDES discharge limit(s)? Yes No							
C. Will MSD STP's discharge exceed 0.1 mg/l for any new pollutant? Yes No								
(MSD must notify MDNR if B or C is yes and discharge will continue.)								
	D. Comments:							

(01/11)

7. ARE	ARE THERE ANY FEDERALLY REGULATED (40 CFR 405-471) OPERATIONS? S: A. List reg. & describe (including any discharge):								
11 700.					e from patient car	e (laboratory			
	services, die				A				
	ES CATEGORICAL WAS A. At which poin		INE WITH NO	N-CAT. W	W PRIOR TO SAMPLING	? Yes∏ No⊠			
•	B. Current appli	-			Is it correct:	Yes No			
	C. If no, list o	orrect facto	r/explain?	St. St. Alban and Appendix and					
	ANY WASTEWATER SU A. At which poin		DUCTION OR	MASS BAS	ED STANDARDS?	Yes□ No⊠			
-	B. Since calculation of the current limits, has the long term avg Yes No production rate or discharge volume changed by 20% or more? C. If yes to B, explain:								
10. ARI	E ANY RADIOACTIVE	MATERIALS HA	NDLED?			Yes⊠ No□			
If yes:	A. Describe oper	ations & dis			pes for diagnositcs	puruposes N/A			
	D Doog gomponii	harra MCD aut			nd in urine through				
	C. Most recent a			for disposal	osal to sewer? N	A Yes No			
					lendar year: 0 m C	<u>i</u>			
11. DOE	ES PROCESS or P&E	LIN CITE CLINI LINE		an evene	CTITA	🗀 🖂			
11. DOI						Yes∏ No⊠			
	Tour of the fac	ility reveal	ed no exce	ssive wa	ter usages. The ho	spital's water			
	usage comes fro	m providing	patient o	care thr	ough its laborator	y and dietary			
	significant wate	r usage come	ment is n s from its	o longe: boiler a:	r in service). Th nd cooling tower ope	e only other			
	or direction with the control of the	ı abage come	D IIOM ICD	DOLLCE OF	na cooring cower ope	racions.			
12. BAS	SED ON OBSERVATION WE WATER THAT IS N	IS DURING INS IOT DISCHARGE	PECTION, DO	ES COMPA	NY APPEAR TO HAVE	Yes⊠ No□			
					and cooling tower op				
В.	Was "Return Fact					Yes⊠ No□			
	(<u>regardless of w</u>	nether some	water is no	t dischar	rged to sewer)				
OR	WITHIN THE LAST 1		last insp	<12 mont		Yes No			
If yes:	A. Pollutant	Whon		Is prob Yes/No	elem resolved?				
	Pollucane	When	Points	N/A	Describe				
				N/A					
				N/A					
	***************************************			N/A					
В.	Commonts			N/A					
D.	Comments:	-							
14. HAS	COMPANY EXCEEDED	CATEGORICAL	PRETREATME	NT LIMIT	S SINCE N	IA⊠ Yes□ No□			
	LAST INSPECTION	OR WITHIN TH				Control Control			
If yes:	A. Pollutant	When	Sample Points	Is prob Yes/No	lem resolved? Describe				
	FOIIucane	WITEII	POTITES	N/A	Describe				
				N/A					
				N/A					
		I	i	1 27 / 2	1				
ĺ			 	N/A N/A					

15. HAV If yes:	HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION? ES: A. Upsets? Bypasses of pretreatment facilities? Spills? Slug discharges? Other? B. Explain any marked:									
16. COULD SPILLS OR LEAKS OF <u>PROCESS TANKS</u> , STORED WASTES, OR STORED YES CHEMICALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? If yes: A. What needs to be done?										
If no:	If no: B. How are they controlled? Catch basins are employed for the storage of their water treatment chemicals in the power plant (boiler, cooling tower). Also, the laboratory provides chemical storage of solvents using the appropriate flammable cabinets.									
COM		DURING INSPECTION, AFPEAR TO IMPAIR STORMWA			AREAS WHERE	Yes∏ No⊠				
C.	Was "Illicit Storm	nwater Discharges" bro ether there are any pr		-	o company?	Yes⊠ No□				
18. DOE If yes:		SPILL CONTROL OR SLUG	DISC	HARGE CC Last Update	Update neede	d? .				
	pa-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Material Management		7/25/97						
	2.	The state of the s		-,,20,0,	N/A					
В.	Are any Plans need (If yes, write con	ded (in addition to the spany and request)	ose l	isted in		Yes∏ No⊠				
19. DOE If yes:	A. Parts washer so B. Priority pollut C. How is spent so (Parts washer so	ants (or "none"):	 in dat	abase's p		Yes∏ No⊠ list, nor				
	A. Solvent name/	OLVENTS USED (OTHER TH	413/	433/469		Yes⊠ No∏ Priority				
	components	Used for?			How disposed?					
	Acetone	laboratory drying reagent	YesL] No	evaporates	Yes No				
	Chlorform, Methylene Chloride, Phenol	lab reagent	Yes] No 🛛	hauled offsite	Yes No				
	i		Yes	No No		Yes No				
			Yes[No No		Yes No				
			Yes	Ио		Yes No				
			Yes	No	<u> </u>	Yes No				
		13/433/469-REGULATORY any uses solvents in 4				Yes□ No⊠				
If yes:	A. Is it part of a	Spill/Slug Control P	lan l] 2. []] No[
		te of last update for		CMD	the files	Voc Nam				
	D. Does SMP addres	of the Spill/Slug Pl ss all 413/433/469 sol D, write company and	vents	?		Yes No Yes No				
	· MANAGEMENT CONTROL C									

(01/11)

22.	A. W	EMERGENCY NOTIFICATION PROCEDURES POSTED THAT INCLUDE MSD CONTACTS? Vas company provided notification cards & told to post where Emergency response personnel can locate them? Must post if co. generates process wastewater or stores chemicals of contacts.	Yes⊠ Yes⊠ concer	No
23. If ye	es: P	OMPANY REQUIRED TO SELF-MONITOR ANY OF THEIR DISCHARGES? 1. Is requirement contained in permit or other document . 2. If other document, date & description: 2. How frequently is sampling required? quarterly	Yes⊠	NoП
	E	D. How frequently are reports required? <u>quarterly</u> D. Have reports been on-time, complete & signed by proper person? D. If no, explain:	Yes⊠	No
24. If γε	es: A E C	COMPANY SELF-MONITOR ITS WASTEWATER DISCHARGE? 1. Is the self-monitoring required by MSD? 2. Does sample collection time period match co's production shifts? 3. Are representative grab/comp samples collected? 4. Are EPA-approved 40 CFR 136 wastewater test methods used? 5. If no to B, C, or D, Explain needed changes: I have advised Kevin Smith to make sure the contracted lab serious collect 24-hour contracted lab serious collect 24-hou	Yes⊠ eir	No No
25.	POINT	CO. CONTINUOUSLY MONITOR AT SAMPLE TAND KEEP A PERMANENT RECORD FOR: pH , TEMP , LEL ? TAND KEEP A PERMANENT RECORD FOR: pH , TEMP , LEL ? TAND KEEP A PERMANENT RECORD FOR: pH , TEMP , LEL ;	Yes	No⊠
ir yc	E	Does company submit quarterly summaries? If no, explain:	Yes 🗌	No
26. If y∈	es: A	MSD SPLIT SAMPLES WITH THE COMPANY? . Is company having the samples analyzed . How does company insure proper preservation, holding times & analytical methods?	Yes Yes	
	Γ	Has company submitted results of all split sample analyses since the last insp? Have results been submitted within 28 days of the collection's calendar quarter?	Yes Tes Tes	No 🗌
•	F	Does company still want to split samples? comments:	Yes	No
27. If ye	SUBMI	OMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO	Yes	NoX
II ye	В	Type and date: . Have the reports & actions been on-time & complete? . If no, explain:	Yes	No
28. If no	[Some	OMPANY: IS CO. IN COMPLIANCE W/APPLICABLE NESHAP REGS FOR WW DISCHARGES? MDNR-issued Title V air permits for specific processes allow pre-approved scharge.] [City/County-issued air permits are not NESHAP permits.] Describe:	Yes⊠	No
11 110		. Was MDNR Air Pollution Control informed? (must be done)	Yes 🗌	No
29. If no): A	. How long does company retain records?	Yes⊠	No
	C. W	. Was company told to retain for at least 5 years, per ordinance? here are they kept? Records are kept on-site in their filing cabinet	Yes[]	No
30. If ye		D CLASSIFICATIONS NEED TO BE REVISED? . Indicate correct classifications:	Yes[]	No⊠
•		SIU CIU Surch. Potential Toxic Waste Non-Toxic Pro No Process Discharge Multi-User Special Handling/Billing . Explain changes:	c Wast	e 🗌

(01/11)

	31. IS COMPANY CLASSIFIED AS "Special Handling/Billing"? If yes: A. Why? Yes							No🏻	
If yes: A.Why? B. Are any changes needed to reasons/details? C. If yes, explain: Yes								No	
						 eviewed & verifie	d for special	NA Yes	No[]
			handl	ing/bi	lling repor	ts?			
32.	SAN	IPLE	POINT	`S				DJ	(y/n)
	SP	#	001	Fed.R	eg.	Components:	Sanitary, Storm Noncontact coolin Autoclaves, Boiler Cooling tower Hospital waste, Kitch	g water- blowdown, blowdown,	No
	SP	#	004	Fed.R	eg.	Components:	··		No
	SP	#	005	Fed.R	eg.	Components:	Hospital waste, Sani water, Noncontact water-Autoclaves	-	No
	SP	#		Fed.R	eg.	Components:			N/A
	SP	#		Fed.R	eg.	Components:			N/A
33.	ARI	E AN	Y SAMF	LE POI	NTS TRAPPED	VENTS?		Yes	иоЮ
If	yes:		List Was c		 ormed that	T-vents are prefe	rred, and told why?		
34.	מ מ					_	-		
					d reasons:		GH TO ALLOW GRAB SAMPL	ES? Yes	NOM
35.	ARI	тн з	ERE AN	IY UNSA	MPLED DISCH	HARGES? (list each	lateral separately)	Yes 🗌	No.
			SP#		Components				
	Dun	nmy	SP#		Components	:			
36. If						ng Unsampled/Dumm SP001, SP004, and	y SPs) RECEIVE STORMWA SP005	.TER? Yes⊠	ИоП
37.		I	f any	SPs ca	nnot be loc	pt Dummy SPs) OPE ated or opened, e d to be changed,		SPs∏ Yes⊠	No
	С.	Wa	as ANY	greas	e or other	problem/debris ob		Yes	$No \boxtimes$
	D. E.		-		list SPs & was company		corrective actions?	Yes	No
38.	REV A. B	Is	the m	ap cor	POINT MAP! rect and ac anges are n	curate in <u>all</u> its eeded:	Last map revision dat details?	e: <u>2/19/09</u> Yes⊠	No
39.						Prior to Sampling		Yes 🗌	No⊠
If					changes:		•		
							TINENT TO YOUR INSPECTION TO THE TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO T		TE.
sys	tem (SPOC	1 only	y). The	X-ray dep	artment had its de	eveloper and their pret	treatment sys	stem
remo	oved	fron	the a	site (S	SP001). The:	re is a small dent	al office that perform	ns X-ravs us:	ing

metallic replacement for pretreatment (SP004-verified with Kevin Smith 2/28/11). When reviewing the last years analytical results for this facility there is little to no detectable Silver found in their wastewater discharge. I have left Silver as a monitoring requirement at this facility. Silver may be removed only after all sources have been removed from the hospital sample points. Note that Bud Frederich has moved to SSM St.

Mary's Health Center as their primary contact. Bud has now been replaced with Greg Hrbacek-Team Leader and the secondary contact will be Kevin Smith-Facilities Supervisor.

(01/11)

METROPOLITAN ST. LOUIS SEWER DISTRICT AL DATA SHEET - FACILITY INFORM

INDUSTRY NAME

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL
Premise Address

4112195400

Medical waste

Chemical waste

1465 South Grand Blvd. St. Louis MO. 63104

PRIMARY MSD ACCOUNT NO. INDUSTRIAL USER CLASSIFICATIONS WUNNENBERG INFO. SIU CRITERIA 03/06/1997 siu Base Map 20F3 POTM Reasonable potential for adverse affect on 03/06/1997 PTW Wun:St. Louis City & Co. Grid: H 21 Page 38 ENERAL INFORMATION INSPECTION INFORMATION PERMIT INFORMATION IUQ INFORMATION Office Mailing Address Issue Date: 05/01/2010 IUQ Recvd Date: 10/29/1999 Next Due 1465 South Grand Blvd Expire Date: 04/30/2015 Insp Rslt Reviewer: Fabian Grabski St. Louis, MO. 63104-1095 **Extended Date:** IUQ Recvd Date: 12/20/2004 12/17/2010 RIN David Kupke **Billing Address** Writer Scott Rehmer Reviewer: David Kupke 1465 South Grand Blvd. IUQ Recvd Date: 11/24/2009 St Louis, MO. 63104 Reviewer: David Kupke CONTACTS BILL Tom Brinkmann Director of Facilities (314) 768-8025 Ext. OFF **FLD1** Tom Brinkmann Director of Facilities OFF (314) 767-8025 Ext. Kevin Smith FLD2 Facilities Supervisor OFF (314) 268-2768 Ext. FLD3 Jack Mitchell Maintenance Mechanic OFF (314) 577-5600 Ext. OFF1 Tom Brinkmann Director of Facilities **OFF** (314) 768-8025 Ext. Kevin Smith OFF2 Facility Supervisor OFF (314) 268-2768 Ext. PERATIONAL INFORMATION OTHER AGENCIES INFORMATION 09/29/1997 EPA - Hazardous Waste Program MOD075904839 Work Days: M T W T F S 11/03/1997 Nuclear Regulatory Commission 24-00196-07 1 600 08:00AM 8.0 Υ Y Y γ Y Y Y MDNR - Hazardous Waste Program 001310 400 04:00PM 8.0 γ Y Υ Y Y Y 09/28/2005 MSD - Billing Account Number 00208068 350 12:00AM 8.0 Total Emp: 1,350 Hrs: 24.0 ON-SEWERED WASTE On-Site Disposal On-Site Storage Y Off-Site Disposal 11/24/2009 Equipment Oils and/or Grease 30 GAL.

AW MATERIALS	SIC INFORMATION
EFF DATE MATERIAL_DESCRIPTION QUANTITY UNIT	SIC DESCRIPTION
	8069 Specialty Hospitals, Except Psychiatric
PRODUCTS	

EFF DATE DESCRIPTION

12/04/2009 Infectious Waste

12/04/2009 Other

UNIT

LB/YR

LB/YR

35314

556

AVC PROD MAY PROD

Accounts	Start Date = 07/01/20	009 12E00100am	01/31/2	2011 12:59:59P	Mdays	Cdays		
195400	Acct. No.		Cor	sumption			Dis	scharge
	4112195400		CCF's	Gallons			Gal/ Wday	Gal/ Cday
	4112195400 04/17/2009	07/16/2009	14,714	14,714 A	91	91	91	
	4112195400 07/17/2009	10/20/2009	37,110	51,824	96	96	187	
	4112195400 10/21/2009	02/08/2010	-21,930	29,894	111	111	298	
	4112195400 02/09/2010	04/16/2010	3,943	33,837	67	67	365	
	4112195400 04/17/2010	08/05/2010	11.091	44,928	111	111	476	

eport No. PIMS012A

02/28/2011

11:19:54 am

ata Date & Time: 02/28/2011 11:19:54 am

METROPOLITAN ST. LOUIS SEWER DISTRICT AL DATA SHEET - FACILITY INFORM

INDUSTRY NAME

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL
Premise Address PRIMARY MSD ACCOUNT NO 4112195400

1465 South Grand Blvd. St. Louis MO. 63104

CONNECTION and SAMPLE POINT INFORMATION LATERAL NO. Lateral Type **DSMH** Treatment Area Bissell Point 01 Trunk Sewer 20F3 350C Sanitary Or Combined Rock Springs Description Line from building northwest to Vista Av. Sewer Route West on Vista to 39th St, continuing West to 9' relief sewer then North to trunk. SAMPLE POINT NO. 001 NPDES Outfall No. Ordinance Description MH on sidewalk S of Vista Ave., E of overhead walkway, Flow from SE Effective **Discharge Components Process Description** Date Avg Flow Unit Max Flow Unit RUD Sanitary 28.350 GPD **GPD** D 11/24/09 Boiler Blowdown 3.600 GPD **GPD** D 11/24/09 Non Contact Cooling Watertoclaves 220 GPD **GPD** D 11/24/09 Cooling Tower Blowdown 2,930 GPD **GPD** D 11/24/09 Kitchen Waste 8,000 GPD GPD D 11/24/09 Hospital Waste 34,648 GPD **GPD** D 11/24/09 Storm Water 0 GPD **GPD** D 11/24/09 Total Flow Avg = 77,748 Max = CONNECTION and SAMPLE POINT INFORMATION LATERAL NO. Lateral Type DSMH Treatment Area Bissell Point Sanitary Or Combined 20F3 360C Trunk Sewer Rock Springs Description 8" line exiting NW from SW main hospital entrance into manhole Sewer Route N along Spring, W along Vista, to 39th St, continuing West to 9' relief sewer then North to trunk. SAMPLE POINT NO. 004 Ordinance NPDES Outfall No. Description MH 3' W from SW corner of emergency building Effective **Discharge Components Process Description** Avg Flow Date Unit Max Flow RUD Unit Hospital Waste X-ray dentist and Laboratory services 4,000 GPD GPD D 12/17/10 Sanitary 4,000 GPD **GPD** D 12/17/10 Storm Water 0 GPD GPD 12/17/10 D Total Flow Avg = 8,000 Max = CONNECTION and SAMPLE POINT INFORMATION LATERAL NO. Lateral Type **DSMH** Treatment Area Bissell Point 04 Sanitary Or Combined 20F3 350C Trunk Sewer Rock Springs Description 8" lateral exiting W from North side West building Sewer Route N onto Vista Ave., West on Vista to 39th St, continuing West to 9' relief sewer then North to trunk. SAMPLE POINT NO. 005 Ordinance NPDES Outfall No. Description Manhole 12' N, 10' E from the NW corner of the west building Effective **Discharge Components Process Description** Avg Flow Unit Max Flow Unit RUD Date Non Contact Cooling Watertoclaves 600 GPD **GPD** D 11/24/09 Hospital Waste 8,000 GPD **GPD** D 11/24/09 Sanitary 1,400 GPD **GPD** D 11/24/09 Storm Water 0 GPD **GPD** D 11/24/09 Total Flow Avg = 10,000 Max = PRETREATMENT TYPES SP EFF DATE TYPE DESCRIPTION

eport No. PIMS012A	
ata Date & Time:	

004

02/20/2003 DC28

03/03/2004 DC32

02/28/2011

Grease Trap

Metallic Replacement

02/28/2011

11:19:54 am 11:19:54 am METROPOLITAN ST. LOUIS SEWER DISTRICT INDUST AL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL
Premise Address

PRIMARY MSD ACCOUNT NO. 4112195400

1465 South Grand Blvd. St. Louis MO. 63104

PRIORITY POLLUTANTS					
Pollutant Description	Status	Pollutant Description	<u>Status</u>	Pollutant Description	<u>Status</u>
Silver (Total)	KP	Mercury (Total)	KP	Phenol	KP
2,4-Dinitrophenol	KP	Methylene Chloride	KP	Chloroform	KP

EXTRA STRENGTH SURCHARGE INFORMATION

eport No. PIMS012A ata Date & Time:

02/28/2011

02/28/2011

11:19:54 am 11:19:54 am

PIMS FACILITY CONTACTS

For Account Number Selecte 4112195400

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL

Located at

1465 South Grand Blvd.

St. Louis

MO 63104

Address Type

Contact Type	Contact Name		Contact Title	Phone Type	Number	Ext.
Billing Address						
Billing Contact	Tom	Brinkmann	Director of Facilities	OFF	(314)768-8025	
Office Mailing Address						
Office Contact - Primary	Tom	Brinkmann	Director of Facilities	OFF	(314)768-8025	
Office Contact 1st Alt	Kevin	Smith	Facility Supervisor	OFF	(314)268-2768	
Premise Address			• •			
Field Contact - Primary	Tom	Brinkmann	Director of Facilities	OFF	(314)767-8025	
Field Contact 1st Alt	Kevin	Smith	Facilities Supervisor	OFF	(314)268-2768	
Field Contact 2nd Alt	Jack	Mitchell	Maintenance Mechanic	OFF	(314)577-5600	

1

PIMS REFET OF FIELD SAMPLING REQUIREMENT SSM CARDINAL GLENNON CHILDREN'S HOSPITAL

Account No Entered 4112195400

PN	PRE	MISE ADDRESS	CITY	ST	ZIP	
	1465	South Grand Blvd.	St. Louis MO		63104	
Project Code: Pollutant Group	IM = I Poll Code	PD - Company - MSD Pollutant Description	Frequency	Sample Type		End Date
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs		06/30/2011
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs		06/30/2011
	T234000	Oil and Grease (Total)	Once/year	Grab		06/30/2011
	T237000	pH	Once/year	Grab		06/30/2011
	T247000	Temperature	Once/year	Grab		06/30/2011
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs		06/30/2011
	T257000	Total Phenols	Once/year	Grab		06/30/2011
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs		06/30/2011
nenolic Organics - Acids	T991000	Phenolic Organics - Acids	Once/year	Comp-Time 04 Hrs		06/30/2011
olatile Organics	T996000	Volatile Organics	Once/year	Grab		06/30/2011
04 Project Code:	IM= I	PD - Company - MSD				
Pollutant Group	Poll Code	Pollutant Description	Frequency	Sample Type		End Date
190-11-07-07-1910-1000000000000000000000	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs		06/30/2011
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs		06/30/2011
	T234000	Oil and Grease (Total)	Once/year	Grab		06/30/2011
	T237000	pH	Once/year	Grab		06/30/2011
	T247000	Temperature	Once/year	Grab		06/30/2011
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs		06/30/2011
	T257000	Total Phenols	Once/year	Grab		06/30/2011
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs		06/30/2011
enolic Organics - Acids	T991000	Phenolic Organics - Acids	Once/year	Comp-Time 04 Hrs		06/30/2011
olatile Organics	T996000	Volatile Organics	Once/year	Grab		06/30/2011
05 Project Code: Pollutant Group	IM = I Poll Code	PD - Company - MSD Pollutant Description	Frequency	Sample Type		End Date
**************************************	T208000	Biochemical Oxygen Demand (5 Day)		Comp-Time 04 Hrs		06/30/2011
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs		06/30/2011
	T234000	Oil and Grease (Total)	-	Grab		
	T237000	` '	Once/year			06/30/2011
		pH Townsorture	Once/year	Grab		06/30/2011
	T247000	Temperature	Once/year	Grab		06/30/2011
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs		06/30/2011
* * * * * * * * * * * * * * * * * * * *	T257000	Total Phenols	Once/year	Grab		06/30/2011
enolic Organics - Acids	T991000	Phenolic Organics - Acids	Once/year	Comp-Time 04 Hrs		06/30/2011
platile Organics	T996000	Volatile Organics	Once/year	Grab		06/30/2011

1 of 1

Report No. PIMSU67A	1/10/2011	1:59:57PM
)ata Date & Time	1/10/2011	1:59:57PM





SAINT LOUIS UNIVERSITY

Caroline Building - Room C305 1402 South Grand Blvd. St. Louis, MO 63104-1085 Fax 314-977-5560 www.slu.edu

Office of Environmental Safety & Service Environmental Safety: 314-977-8608 Radiation Safety: 314-977-8609

55M Cardinal

January 26, 2011

Douglas M. Mendoza
Industrial Waste Engineer
Metropolitan St. Louis Sewer District
Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(FAX #: 436-8753)

SÜBJECT: Quarterly Reports Of Radionuclide Discharge For The Period Oct. - Dec. 2010

Dear Mr. Mendoza:

Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for <u>all</u> Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Todd Stirewalt (Anheuser Busch Institute, Saint Louis University Hospital).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by Cardinal Glennon) will be incorporated into this report.

If you have any questions regarding these reports, please contact me at 977-6896.

Sincerely,

Kevin Ferguson Health Physicist

RECEIVED

JAN 3 1 1111

DIVISION OF ENVIRONMENTAL CONFESSION

INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT								
PART I: IDENTIFYING INFORMATION Company Name: Cardinal Glennon Hospital Permit No: Premise No: 1465 S. Grand, 63104		-00		·				
Reporting Period: [JAN-MAR]	□(APR-JUN	E) 🗆 (JULY-S	SEPT) ■(C	CT-DEC)				
PART II: RECORD OF DISPOSAL OF I	RADIOACTIVE M	ATERIALS TO THE	SEWER SYSTEM					
RADIONUCLIDE		ACTIVITY DIS	CHARGED (millicuries)					
None		violetekanikaliseksiksiksiksiksiksiksiksiksiksiksiksiksik	0					
			ini kanandaran di makan kanan ka					
			uturati denatu kannon uturan mara di denatu kannon denaturan mara kannon uturak kannon uturak kannon uturak ka					
			On the Colon of the Anthron (Colon construction of COCC) (Construction of COCC) (Colon of CoCC)					
				Annale for the second second control of the				

	nassanan							
	ATTO markillani kuriki kuriki kali manuni kunnun kunnun yang yanni yang ang gang gang yang kan kun kun kun kun		RAPLE (1816) 1404-14-4-1400 (1804) 1804 (1804) 1804 (1804) 1804 (1804) 1804 (1804) 1804 (1804) 1804 (1804) 1804	annocano en esperante de la compansión d				
	SSSSS-SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS			BANGEEBORD ON BY				
				adoga ediago proper e que e que en				
TOTAL ACTIVITY DISCHARGED			0					
PART III: CERTIFICATION STATEME Place your initials in the box under item A. Everyone must complete the information un		nd sign this report.						
A. CERTIFICATION OF COMPLIANCE	CE WITH STATE A	ND FEDERAL REGUL	ATIONS					
I certify that to the best of my knowledge governing disposal by release into sanitar Missouri Department of Health, respective	ry sewage for material	regulated by the Nuclear R	egulatory Commission					
B. RADIOACTIVE MATERIALS DIS	CHARGE REPORT	CERTIFICATION						
I certify under penalty of law that this document are a system designed to assure that qualified personned person or persons who manage the system, or those is, to the best of my knowledge and belief, true, act false information, including the possibility of fine at	el properly gather and e persons directly respondente.	evaluate the information su onsible for gathering the in am aware that there are si	bmitted. Based on my formation, the information gnificant penalties for	inquiry of the tion submitted submitting				
Print/type name of signing official: Kevin Ferguson	1		EMMARON	VISION OF ENTAL COMPLIANCE				
Title: Health Dhygiaigt		T_1t	TI CONC	ENTAL COMPLIANCE				

Telephone: <u>977-6896</u>



Metropolitan St. Louis Sewer District

Division of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913

Phone: 314.768.6200 www.stlmsd.com

January 21, 2011

Kevin Smith
Facilities Supervisor
SSM CARDINAL GLENNON CHILDREN'S HOSPITAL
1465 South Grand Blvd.
St. Louis. MO 63104

RE: NOTICE OF VIOLATION – WASTEWATER DISCHARGE PERMIT NO. 4112195400 For premise at: 1465 S. Grand Blvd, 63104

Dear Mr. Smith:

Thank you for your fourth quarter 2010 report, including your sampling results and certifications. Your facility is regulated under the permit above, which requires you to self-monitor the discharge at each of the identified sampling points. Monitoring must occur for the parameters and frequency specified in your permit, and the results must be reported quarterly.

VIOLATION OF PERMIT TERMS/CONDITIONS:

<u>Permit Standard Condition I.A.1</u> – requires sampling and analyses for all regulated substances at the frequencies specified in the permit.

- The report did <u>not</u> include analytical results for <u>Total Phenols</u> at Sample Points 001, 004, and 005.
- Your permit specifies a self-monitoring frequency of <u>once per three months</u> for Total PhenoIs at Sample Points 001, 004, and 005.

REQUIRED ACTION/RESPONSE:

Submit all additional sampling results to MSD. Sample collection must occur as follows:

- Sample at the identified sampling points
- For all three sample points, collect grab samples for <u>Total Phenols</u> **two times** during the first quarter 2011.
- Take samples at times representative of normal operations

Thank you for helping us to comply with state and federal regulations. If you have any questions, please contact me at <u>314.436.8756</u>.

Sincerely,

METROPOLITAN ST. LOUIS SEWER DISTRICT

Scott M. Rehmer Assistant Engineer

cc: Doug Mendoza

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I:	DENTIFYING INFORMATION	
Company Name:	SSM CARDINAL GLENNONE HOSPITAL	
Permit No:	41121954-00	2000000-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0
	1465 S. Grand Blvd., St. Louis, MO 63103-1095	
Monitoring Period	: (JAN-MAR) (APR-JUNE) (JULY-SEPT)	(OCT-DEC)
Samples Collecte	d By: MIDWEST TESTING LABORATORIES, INC.	
Analyses Perform	ned By: MIDWEST TESTING LABORATORIES, INC.	
	WALL TO ALL DECULTS OF SELE MONITORING	

ANALYTICAL RESULTS OF SELF MONITORING PART II:

MSD SAMPLE POINT REFERENCE NUMBERS	~>	00			004		005	
DATES ON WHICH SAMPLES WERE COLLECTED	~~~~>	10	-27-10	1	0-27-10	10	-28-10	
TIMES AT WHICH SAMPLES WERE COLLECTED	~~~~>	9:0	54M,Z:15A	9:2	0am-2:25 Pr	9:1	0 erm - 2:40'An	
PARAMETER	LIMIT	87			G, C, M OR E) A			UNITS
FEON			nocennesse in the state of the		,			
OIL & GREASE	200		18		1-2		8	mg/L
BOD	200		305	<u></u>	219		108	mg/L
COD	****		43 5		365		207	mg/L
TOTAL SUSPENDED SOLIDS	****		71		206		-27	mg/L
TEMPERATURE(Degrees C)	60		ર3ન્ડ		22.0		20.4	
pH (Std. Units)	5.5-1		7.21		8.27		8-47	
ŚILVER	. 5		0.03		0-01	 	0.02	mg/L
				-		<u> </u>		
PHENOLS Q3-hone Q4-REQ; NS				╂		 		
Q4- REQ; NS			or-vaccoscoscoscoscoscoscoscoscoscoscoscoscos	╟		<u> </u>		
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You must complete and sign the certification statements on the reverse side.

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DIVISION OF ENVIRONMENTAL COMPLIANCE

INDUSTRIAL USER SELF MONITORING REPORT PAGE 2

SPECIAL CERTIFICATION STATEMENTS

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your

permit	contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.
Α.	If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following
	certification: I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s)
8.	If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you
	are required to make the following certification: I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.
C .	If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification: I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.
D.	If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to
	make the following certification: I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
Ε.	If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required
	to make the following certification: I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR
F.	Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification. I certify, since the last discharge monitoring report, cyanido has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.
G.	Discharges Subject to Categorical Standards for Electroplating (40 CFR 413); Metal-Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification: Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.
PART	IV: GENERAL CERTIFICATION STATEMENTS
Initial t	he box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.
A .	Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification: In lieu of monitoring for TTO at sample point(s)
B	DISCHARGE MONITORING REPORT CERTIFICATION
designe who ma and bel and im	r under penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system and to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons anage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge lief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine prisonment for knowing violations. Type name of signing official:
rillic Oi Title:	They Sheeter Telephone: 577-5327
Signatu	13/20/1

SWF 10/93

314-577-5314



INDUSTRIAL USER SELF MONITORING REPORT PAGE 2

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify the following. Please review your permit and PLACE YOUR INITIALS ON THE LINES NEXT TO THE CERTIFICATIONS.

NONE

PART IV: GENERAL CERTIFICATION STATEMENTS

В	DISCHARGE MONITORING REPORT CERTIFICATION
	All permittees must sign and complete the information below:
	I certify under penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
	Print or type name of signing official: Gregory D. Hrbacek
	Title: Team Leader Plant Operation Telephone: 314-577-5327 Signature: Date: 1/19/11

2

Received on JAN-19-2011

(314) 773-3035 • FAX (314) 773-3519 St. Louis, MO 63118 2645 Gravois Avenue

> Date: November 10, 2010 Lab. No.: 2010MT0417 Invoice No.: 210811

SSM CARDINAL GLENNONS CHILDREN'S HOSPITAL 1465 S. Grand Boulevard St. Louis, Missouri 63103-1095

ATTENTION: Mr. Bud Frederich

REPORT OF TESTS

SAMPLE MATRIX: Waste Water

SAMPLE I.D.: Sample Point Ref. Number: 001

Waste Water Composite: 09:05 a.m. / 10-27-10 to 2:15 p.m. / 10-27-10

Grab Sample 9:05 a.m. / 10-27-10 Sample Point Ref. Number: 004

Waste Water Composite: 09:20 a.m. / 10-27-10 to 2:25 p.m. / 10-27-10

Grab Sample 09:20 a.m. / 10-27-10 Sample Point Ref. Number: 005

Waste Water Composite: 09:10 a.m. / 10-28-10 to 2:20 p.m. / 10-28-10

Grab Sample: 09:10 a.m. / 10-28-10

DATE ANALYZED: 10-27-10 to 11-10-10

RESULTS: mg/L OR PARTS PER MILLION (PPM)

ANALYTE	# 001	# 004	#005	MDL	METHOD NUMBER
Oil & Grease	18	12	8	5	413.1
BOD	305	219	108	10	405.1
COD	435	365	207	10	410.1
TSS	71	206	27	5	160.2
Temperature (Degrees C)	23.2	22.0	20.4	.1	170.1
pH (Std Units)	7.21	8.22	8.47	.02	150.1
Silver	0.03	0.01	0.02	.01	272.1

MDL: Method Detection Limit

Identification of tested specimens provided by the client

RECEIVED

DEC 2 2 2010

MIDWEST TESTING LABORATORIES

DIVISION OF ENVIRONMENTAL COMPLIANCE

DINESH N. SHAH

Laboratory Manager

Midwest Testing Laboratories, Inc. warrants that the testing services were conducted in accordance with the standards and procedures specified herein in accordance with generally accepted testing laboratory principles and practices, including generally accepted margins of error for the instruments used in performing the tests. No other warrantees are rendered by Midwest Testing Laboratories as to fitness of the sample for any particular purpose. The only tests requested by the client are those that are set forth on the front of this report. Client releases and holds Midwest Testing Laboratories harmless for any damages which may have been discovered, avoided or mitigated as a result of any additional testing not requested by the client.

The analysis and / or tests have been made and report prepared, based upon results from specific samples identified and supplied by the client or their representatives. We assume no responsibility for any extrapolation of data from the test results and relating such test results to any batch or lot or material from which we had no control of sample acquisition.

This report is furnished in strict confidence for the exclusive use of the client or the client's representative, and no distribution of all or part of the report shall be made to third parties without the prior written approval of the client or the client's representative ordering the work. Official reports will be provided only by Midwest Testing Laboratories, Inc. and will contain a raised seal to certify authenticity. Modification or reproduction of these reports by anyone other than Midwest Testing Laboratories. Inc. is prohibited.

If during or after the performing of these tests it is subsequently necessary for Midwest Testing Laboratories to recreate reports, assemble materials, gather additional information or perform other work with regard to these test results to assist in the preparation for any investigation, civil proceedings or criminal action, regardless of who makes such a request or issues a subpoena, client shall reimburse Laboratory for out of pocket expenses incurred in relation to such work. Client further agrees to compensate Laboratory for any such work which is required, including any time devoted to testifying in depositions, at hearings or in court.

Samples will be destroyed by the laboratory 30 days after the issuance of a formal report, unless the return of the samples to client or client's representative is specifically requested in writing.



SAINT LOUIS UNIVERSITY

SSM

1402 South Grand Blvd. St. Louis, MO 63104-1085 Fax: 314-977-5560 www.slu.edu

Office of Environmental Safety & Services Environmental Safety Office (C307) 314-977-8608

Radiation Safety Office (RB5) 314-977-8609

October 25, 2010

Douglas M. Mendoza
Industrial Waste Engineer
Metropolitan St. Louis Sewer District
Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(FAX #: 436-8753)

SUBJECT: Quarterly Reports Of Radionuclide Discharge For The Period July - Sept. 2010

Dear Mr. Mendoza:

Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for <u>all</u> Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Todd Stirewalt (Anheuser Busch Institute, Saint Louis University Hospital).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by Cardinal Glennon) will be incorporated into this report.

If you have any questions regarding these reports, please contact me at 977-6896.

Sincerely.

Kevin Ferguson
Health Physicist

RECEIVED

DET 2 8 2010

DIVISION OF ENVIRONMENTAL COMPLIANCE

PART I: IDENTIFYING INFORMATION

55M

Permit No: - 4112-1954-00
Premise No: 1465 S. Grand, 63104

Reporting Period:

□(JAN-MAR)

□(APR-JUNE)

(JULY-SEPT)

□(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

The state of the s	RIGUE! WED
Print/type name of signing official: Kevin Ferguson	
Title: Health Physicist	Telephone: 977-6896
Signature:	Date: O/SEXWAGINETTAL COMPLIANTS
	/ Secretarian State Commenters

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

MS DSR

0-1

PART I: IDENTIFYING INFORMATION

Company Name: SSM CARDINAL GLENNONE HOSPITAL

Permit No: 41121954-00

Premise Address: 1465 S. Grand Blvd., St. Louis, MO 63103-1095

Monitoring Period: □(JAN-MAR) □(APR-JUNE)

(JULY-SEPT) . C(OCT-DEC)

Samples Collected By: MIDWEST TESTING LABORATORIES, INC.

Analyses Performed By: MIDWEST TESTING LABORATORIES, INC

PART II: ANALYTICAL RESULTS OF SELF MONITORING

					public
MSD SAMPLE POINT REFERENCE NUMBERS	>	001	004	005	
DATES ON WHICH SAMPLES WERE COLLECTED	>	7-28-10	7-28-10	7-29-10	
TIMES AT WHICH SAMPLES WERE COLLECTED	>	9:10-2:20pm	9:20-2:30 pi	9:25-2:35pm	
PARAMETER	LIK(T	25	PES (G, C, H OR E) AN te, M≕measured flow,		UNITS
FEOU			_		
OIL & GREASE	200	14	7 ,	10	mg/L
BOD	200	264	248	130	mg/L
' COD	本外外外	462	378	184	mg/L
TOTAL SUSPENDED SOLIDS	举作条件	71	166	33	mg/L
TEMPERATURE (Degrees C)	60	26.2	24.5	24.2	mg II.
pH (Std. Units)	5.5-1	7.52	8,20		
SILVER	- 5	0.02	0.01	7.46	mg/L
·				·	-6/-
-		21,000	7000	19000	
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You must complete and sign the certification statements on the reverse side.

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review you PERMIT AND PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If you permit contains no Special Conditions, then none of the certifications in PARY III apply to you. GO ON TO PART IV. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to

, certification:
certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s)
B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, yo are required to make the following certification:
I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.
C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification: I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. Thes points remain inactive and no discharge occurred during the period covered by this report.
D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to the following certification:
I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification: I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR
standards in 40 CFR standards in 40 CFR
F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439).can.be exempted from limitations and monitoring for Total Cyanida at the Pharmaceutical sample point(s) subject to the following-certifications I certify: since the last discharge monitoring report, cyanida has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439 %;
G. Discharges Subject to Categorical Standards for Electroplating (40 CFR: 413); Metal-Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating. Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification: Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO). I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filling the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.
PART IV: GENERAL CERTIFICATION STATEMENTS
Initial the box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.
Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification In lieu of monitoring for TTO at sample point(s) toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report B. DISCHARGE MONITORING REPORT CERTIFICATION
I certify under penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or person who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fin and imprisonment for knowing violations.
Print or type name of signing official: BUD Frederich
Tille: Team Dacles Facilities Telephone: 577-5327
Signature: Becel Frederick Date: 8-26-10
2 SMF 109

MIDWEST TESTING LABORATORIES

2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

> Date: August 11, 2010 Lab. No.: 2010MT0315 Invoice No.: 210698

SSM CARDINAL GLENNONS CHILDREN'S HOSPITAL 1465 S. Grand Boulevard St. Louis, Missouri 63103-1095

ATTENTION: Mr. Bud Frederich

REPORT OF TESTS

Flow+ Cert

SAMPLE MATRIX: Waste Water

SAMPLE I.D.: Sample Point Ref. Number: 001

Waste Water Composite: 09:10 a.m. / 7-28-10 to 2:20 p.m. / 7-28-10

Grab Sample 9:10 a.m. / 7-28-10 Sample Point Ref. Number: 004

Waste Water Composite: 09:20 a.m. / 7-28-10 to 2:30 p.m. / 7-28-10

Grab Sample 09:20 a.m. / 7-28-10 Sample Point Ref. Number: 005

Waste Water Composite: 09:25 a.m. / 7-29-10 to 2:35 p.m. / 7-29-10

Grab Sample: 09:25 a.m. / 7-29-10

DATE ANALYZED: 7-28-10 to 8-11-10

RESULTS: mg/L OR PARTS PER MILLION (PPM)

ANALYTE	# 001	# 004	#005	MOL	METHOD NUMBER
Oil & Grease	14	7	10	5	413.1
BOD	264	248	130	10	405.1
COD	462	378	184	10	410.1
TSS	71	166	33	5	160.2
Temperature (Degrees C)	26.2	24.5	24.2	.1	170.1
pH (Std Units)	17.52	8.20	7.46	.02	150.1
Silver	0.02	0.01	< 0.01	.01	272.1

MDL: Method Detection Limit

Identification of tested specimens provided by the client

MIDWEST TESTING LABORATORIES

DINESH N. SHAH

Laboratory Manager

PAGE 01/03

SSW CGCMC FACILITIES

DIES-772-pie

08/56/2010 09:25

MEMO TO:

Chris Verplancke

FROM:

Sara Kammerer

Жr

DATE:

September 7, 2010

SUBJECT:

RETURN FACTOR UPDATE REVIEW

RE:

CARDINAL GLENNON MEM HOSP FOR 1465 S. Grand Blvd., St. Louis, MO 63104

MSD Sewer Account No: 208068-7

Recommended Return Factor (RF) for future billing: 0.51

Previous Return Factor: 0.79

Total annualized consumption on this account from water agency records as of August 2010 was 28,643 CcF.

Total annualized nonsewered water from metered data and company records for irrigation and cooling tower evaporation as of September 2010 was 14,169 Ccf.

We recommend RF credits be applied effective the start of the documentation program in March 2009.

Under the current Ordinance 13021 rates, this new RF equates to a revenue decrease per year as follows:

Volume Charges (\$2.02/Ccf) = \$16,200.48 Extra Strength Surcharges = \$ 0.00 Total Revenue Decrease = \$16,200.48

If you have any questions, please call me at 436-8763.

bν

рс

Jan Zimmerman Brian Gibson

File:

RF. 4112-1954-00, CARDINAL GLENNON MEM HOSP FOR

IU, 4112-1954-00, SSM CARDINAL GLENNON CHILDREN'S HOSPITAL



METROPOLITAN ST. LOUIS SEWER DISTRICT ITRIAL USER SELF MONITORING REA

(OCT-DEC)

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I:

IDENTIFYING INFORMATION

Company Name:	SSM CARDINAL	GLENNONE HOSPITAL	
Dermit No	41121954-00		

WAPR-JUNE)

Permit No: Premise Address: 1465 S. Grand Blvd., St. Louis, MO 63103-1095

(JULY-SEPT)

Monitoring Period: Samples Collected By: MIDWEST TESTING LABORATORIES, INC.

Analyses Performed By: MIDWEST TESTING LABORATORIES, INC.

ANALYTICAL RESULTS OF SELF MONITORING

□(JAN-MAR)

MSO SAMPLE POINT REFERENCE NUMBERS	>	0 01	004	005	
DATES ON UNICH SAMPLES MERE-COLLECTED	>	4/28/10	4/28/10	4/28/10	
TIMES AT WHICH SAMPLES WERE COLLECTED	>	9:15am/2:15	9:25am/2:25	9:20am/2:30	
PARAMETER LIMIT		RECORD SAMPLE TYPES (G, C, M OR E) AND RESULTS BELOW G=grab, C=composite, M=measured flow, E=estimated flow			
FEOM					mg/L
OIL & GREASE	200	18	12	11 185	
BOD	200	210	198		mg/L
COD	****	348	496	453	mg/L
TOTAL SUSPENDED SOLIDS	外外条件	140	494	453	mell
TEMPERATURE (Degrees C)	60	20.5			╂
pH (Std. Units)	5,5-1	7.90	8.72	8.81	-
SILVER	. 5	0.04	0.03	0.02	mg/L
		21,000	6800	10,000	
	.				
Bud Fred	quel				1
577-5727					
Forlites					

37,8 You must complete and sign the certification statements on the reverse side.

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PAGE 01/02

SSM CGCMC FACILITIES

08/10/2010 06:22 314-577-5314



INDUSTRIAL USER SELF MONITORING REPORT PAGE 2

PART III:

SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify the following. Please review your permit and PLACE YOUR INITIALS ON THE LINES NEXT TO THE CERTIFICATIONS.

NONE

PART IV: GENERAL CERTIFICATION STATEMENTS

В	DISCHARGE MONITORING REPORT CERTIFICATION
	All permittees must sign and complete the information below:
	I certify under penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Print or type name of signing official:
	Tille: Team deader of Facilities Telephone: 577-5327
	Signature: Bred Frederich Date: 8/24/10

2

436-8753

MIDWEST TESTING LABORATORIES

2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

Date: May 11, 2010 Lab. No.: 2010MT0214 Invoice No.: 210597

SSM CARDINAL GLENNONS CHILDREN'S HOSPITAL 1465 S. Grand Boulevard St. Louis, Missouri 63103-1095

ATTENTION: Mr. Bud Frederich

REPORT OF TESTS

SAMPLE MATRIX: Waste Water

SAMPLE I.D.: Sample Point Ref. Number: 001

Waste Water Composite: 09:15 a.m. / 4-28-10 to 2:15 p.m. / 4-28-10

Grab Sample 9:15 a.m. / 4-28-10 Sample Point Ref. Number: 004

Waste Water Composite: 09:25 a.m. / 4-28-10 to 2:25 p.m. / 4-28-10

Grab Sample 09:25 a.m. / 4-28-10 Sample Point Ref. Number: 005

Waste Water Composite: 09:20 a.m. / 4-29-10 to 2:30 p.m. / 4-29-10

Grab Sample: 09:20 a.m. / 4-29-10

DATE ANALYZED: 4-28-10 to 5-11-10

RESULTS: mg/L OR PARTS PER MILLION (PPM)

ANALYTE	# 001	# 004	#005	MDL	METHOD NUMBER
Oil & Grease	18	12	11	5	413.1
BOD	210	198	185	10	405.1
COD	348	496	453	10	410.1
TSS	140	494	206	5	160.2
Temperature (Degrees C)	20.5	20.8	19.3	.1	170.1
pH (Std Units)	7.90	8.72	8.81	.02	150.1
Silver	0.04	0.03	0.02	.01	272.1

MDL: Method Detection Limit

Identification of tested specimens provided by the client

elmer_frederich @ 55mhc.com

MIDWEST TESTING LABORATORIES

DINESII'N, SHAH Laboratory Manager

SZW CCCMC FACILITIES

314-677-5314

08/10/5010 08:55

ROPOLITAN ST. LOUIS SEWER DISTINGT INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

SR 8-2

PART I: IDENTIFYING INFORMATION

55 M

Company Name: Cardinal Glennon Hospital Permit No: - 4112-1954-00

Premise No: 1
Reporting Period:

1465 S. Grand, 63104

□(JAN-MAR)

(APR-JUNE)

□(JULY-SEPT)

□(OCT-DEC)

MSD

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	. 0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print/type name of signing official: Kevin Ferguson	DIVISIÓN OF
Title: Health Physicist	ENVIRONMENTAL COMPLIANO Telephone: 977-6896
Signature: // //	Date: 7/27/10



SAINT LOUIS UNIVERSITY

July 27, 2010

Douglas M. Mendoza Industrial Waste Engineer Metropolitan St. Louis Sewer District Department of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913 (FAX #: 436-8753)

1402 South Grand Blvd. St. Louis, MO 63104-1085 Fax: 314-977-5560

www.slu.edu

Office of Environmental Safety & Services Environmental Safety Office (C307) 314-977-8608

Radiation Safety Office (RB5) 314-977-8609

SUBJECT: Quarterly Reports Of Radionuclide Discharge For The Period April - June 2010

Dear Mr. Mendoza:

Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for all Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Todd Stirewalt (Anheuser Busch Institute, Saint Louis University Hospital).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by Cardinal Glennon) will be incorporated into this report.

If you have any questions regarding these reports, please contact me at 977-6896.

Sincerely.

Kevin Ferguson Health Physicist

RECEIVED

AUG 0 2 2010

DIVISION OF ENVIRONMENTAL COMPLIANCE

Office of Environmental Safety & Services

Environmental Safety Office (C307)

Radiation Safety Office (RB5)

1402 South Grand Blvd. St. Louis, MO 63104-1085 Fax: 314-977-5560 www.slu.edu

314-977-8608

314-977-8609





SAINT LOUIS UNIVERSITY

April 29, 2010

Industrial Waste Engineer
Metropolitan St. Louis Sewer District
Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(FAX #: 436-8753)

Douglas M. Mendoza
Industrial Waste Engineer

SUBJECT: Quarterly Reports Of Radionuclide Discharge For The Period Jan. - March 2010

Dear Mr. Mendoza:

Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for <u>all</u> Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Todd Stirewalt (Anheuser Busch Institute, Saint Louis University Hospital).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by Cardinal Glennon) will be incorporated into this report.

If you have any questions regarding these reports, please contact me at 977-6896.

Sincerely

Kevin Ferguson Health Physicist

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MAY 1 4 2016

DIVISION OF ENVIRONMENTAL COMPLIANCE

MOROPOLITAN ST. LOUIS SEWER DISTRICTION OF THE SEWER ADJOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

SSM

Company Name: Cardinal Glennon Hospital
Permit No: - 4112-1954-00

Premise No: 1 Reporting Period:

1465 S. Grand, 63104

(JAN-MAR)

☐(APR-JUNE)

□(JULY-SEPT)

□(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

A

I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print/type name of signing official: Kevin Ferguson		MAY 1 4 2010
Title: Health Physicist	Telephone: 977-6896	DIVISION OF
Signature:	Date: 4/29/10	INMENTAL COMPLIANCE

5R

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDI	ENTIFYING INFORMATIO	N		
Company Name:	SSM CARDINAL GLI	ENNONE HOSPITAL		
Permit No:	41121954-00			
Premise Address:	1465 S. Grand B	Lvd., St. Louis, M	10 63103-1095	
Monitoring Period:	(JAN-MAR)	□(APR-JUNE)	□(JULY-SEPT)	□(OCT-DEC)
Samples Collected	By: MIDWEST TEST	ING LABORATORIES,	INC	
Analyses Performe	ed By: MIDWEST TEST	TING LABORATORIES,	INC.	

PART II:

ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS	>	00		(004		005	
DATES ON WHICH SAMPLES WERE COLLECTED	>	L	-11-10	IL	-12-10	L	11-10	
TIMES AT WHICH SAMPLES WERE COLLECTED>		9:30-2:35pm		9:2	9:20-2:30pm		9:40-2:45pm	
PARAMETER	LIMIT	11	ECORD SAMPLE TYPE grab, C=composi					UNITS
FEOW	annone for any vote danner nor Form							
OIL & GREASE	200		22		18		14	mg/L
BOD	200		184		366		131	mg/L
COD	****		353		495		274	mg/L
TOTAL SUSPENDED SOLIDS	****		38		134		63	mg/L
TEMPERATURE(Degrees C)	60		11.4		12.9		13.1	
pH (Std. Units)	5.5-1		8.04		8.32		8.14	
ŚILVER	.5		0.01		0.05		0.03	mg/L
SIHVER	na de la composiçõe de la				unicate a complete from the color for the co		vannandannannannik (Byvyttati virillik Provinsko virillik	
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You must complete and sign the certification statements on the reverse side.

APR 0 1 2010

DIVISION OF ENVIRONMENTAL COMPLIANCE PART III:

SPECIAL CERTIFICATION STATEMENTS



Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A.	If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:
,	I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s)
В.	If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.
C.	If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification: I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.
D.	If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:
	I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
E.	If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR
F.	Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification: I certify; since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards:in 40 CFR 439.
G.	Discharges Subject to Categorical Standards for Electroplating (40 CFR 413) Metal Einishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:
	Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.
PART	IV: GENERAL CERTIFICATION STATEMENTS
Initial th	ne box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.
A . —	Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification: In lieu of monitoring for TTO at sample point(s)
B	DISCHARGE MONITORING REPORT CERTIFICATION
designe who ma and bel	under penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a systemed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or personance that system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge ief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine prisonment for knowing violations.
Print or	type name of signing official: Baud FredericH
Title:	Leun Deuch Telephone:
Signatu	re: Buch Frederick Date: 3-28-10

SMF 10/93

MIDWEST TESTING LABORATORIES

2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

Date: February 26, 2010 Lab. No.: 2010MT0137 Invoice No.: 210508

SSM CARDINAL GLENNONS CHILDREN'S HOSPITAL 1465 S. Grand Boulevard St. Louis, Missouri 63103-1095

ATTENTION: Mr. Bud Frederich

REPORT OF TESTS

SAMPLE MATRIX: Waste Water

SAMPLE I.D.: Sample Point Ref. Number: 001

Waste Water Composite: 09:30 a.m. / 2-11-10 to 2:35 p.m. / 2-11-10

Grab Sample 9:30 a.m. / 2-11-10 Sample Point Ref. Number: 004

Waste Water Composite: 09:20 a.m. / 2-12-10 to 2:30 p.m. / 2-12-10

Grab Sample 09:20 a.m. / 2-12-10 Sample Point Ref. Number: 005

Waste Water Composite: 09:40 a.m. / 2-11-10 to 2:45 p.m. / 2-11-10

Grab Sample: 09:40 a.m. / 2-11-10

DATE ANALYZED: 2-11-10 to 2-26-10

RESULTS: mg/L OR PARTS PER MILLION (PPM)

ANALYTE	# 001	# 004	#005	MDL	METHOD NUMBER
Oil & Grease	, 22	18	14	5	413.1
BOD	. 184	366	131	10	405.1
COD	353	.495	274	10	410.1
TSS	38 ·	134	63	5	160.2
Temperature (Degrees C)	11.4	12.9	13.1	.1	170.1
pH (Std Units)	8.04	8.32	8.14	.02	150.1
Silver	0.01	0.05	0.03	.01	272.1

MDL: Method Detection Limit

Identification of tested specimens provided by the client

RECEIVED

MIDWEST TESTING LABORATORIES APR 0 1 2010

DIVISION OF

ENVIRONMENTAL COMPLIANCE

DINESH N. SHAH Laboratory Manager Midwest Testing Laboratories, Inc. warrants that the testing services were conducted in accordance with the standards and procedures specified herein in accordance with generally accepted testing laboratory principles and practices, including generally accepted margins of error for the instruments used in performing the tests. No other warrantees are rendered by Midwest Testing Laboratories as to fitness of the sample for any particular purpose. The only tests requested by the client are those that are set forth on the front of this report. Client releases and holds Midwest Testing Laboratories harmless for any damages which may have been discovered, avoided or mitigated as a result of any additional testing not requested by the client.

The analysis and / or tests have been made and report prepared, based upon results from specific samples identified and supplied by the client or their representatives. We assume no responsibility for any extrapolation of data from the test results and relating such test results to any batch or lot or material from which we had no control of sample acquisition.

This report is furnished in strict confidence for the exclusive use of the client or the client's representative, and no distribution of all or part of the report shall be made to third parties without the prior written approval of the client or the client's representative ordering the work. Official reports will be provided only by Midwest Testing Laboratories, Inc. and will contain a raised seal to certify authenticity. Modification or reproduction of these reports by anyone other than Midwest Testing Laboratories. Inc. is prohibited.

If during or after the performing of these tests it is subsequently necessary for Midwest Testing Laboratories to recreate reports, assemble materials, gather additional information or perform other work with regard to these test results to assist in the preparation for any investigation, civil proceedings or criminal action, regardless of who makes such a request or issues a subpoena, client shall reimburse Laboratory for out of pocket expenses incurred in relation to such work. Client further agrees to compensate Laboratory for any such work which is required, including any time devoted to testifying in depositions, at hearings or in court.

Samples will be destroyed by the laboratory 30 days after the issuance of a formal report, unless the return of the samples to client or client's representative is specifically requested in writing.

MIDWEST TESTING LABORATORIES

2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

Date: February 26, 2010 **Lab. No.:** 2010MT0137 **Invoice No.:** 210508

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL 1465 S. Grand Boulevard St. Louis, Missouri 63104-1095

ATTENTION: Mr. Bud Frederich

REPORT OF TESTS

SAMPLE MATRIX: Water

SAMPLE I.D. : Waste Water

Sampling Point Ref. Number: 001 Grab, 09:30 a.m., 2-11-10 Sampling Point Ref. Number: 004 Grab, 09:20 a.m., 2-12-10 Sampling Point Ref. Number: 005 Grab, 09:40 a.m., 2-11-10

DATE ANALYZED: 2-16-10

RESULTS: ug/L OR PARTS PER BILLION (PPB)

VOLATILE ORGANICS EPA 600 METHOD 624

ANALYTE	SP# 001	SP#004	SP#005	MDL
Acrolein	ND	ND:	ND .	5.0
Acrylonitrile	ND	. ND	ND	5.0
Benzene	ND	ND	ND	5.0
Bromoform	ND	ND	ND	5.0
Carbon	ND	ND	ND	5.0
1,1-Dichloroethane	ND	ND	ND	5.0
1,1-Dichloroethene	ND	ND	ND	5.0
1,1-Dichloropropene	ND	ND	ND	5.0
1,1'-Oxybis-ethane	· ND	ND	ND	5.0
1,2,3-Trichlorobenzene	ND	ND	ND	5.0
1,2,3-Trichloropropane	ND	ND	ND	5.0
1,2,4-Trichlorobenzene	ND	ND	ŊD	5.0
1,2,4-Trimethylbenzene	ND	ND	- ND	5.0
1,2-Dibromo-3-chloropropane	ND	ND	ND	5.0
1,2-Dibromoethane	ND	ND	ND	5.0
1,2-Dichlorobenzene	ND	ND	ND	5.0
1,2-Dichloroethane	ND	ND	ND	5.0
1,2-Dichloropropane	ND	ND	· ND	5.0
1,3,5-Trimethylbenzene	ND	ND	ND	5.0
1,3-Dichlorobenzene	ND	ND	ND	5.0
1,3-Dichloropropane	ND	ND	ND	5.0
1,4-Dichlorobenzene	ND	ND	ND	5.0
1,4-Dichloro-2-butene	ND	ND	ND	5.0
1-Chlorobutane	ND	ND	ND	5.0 -
2,2-Dichloropropane	ND	ND	ND	5.0
2-Butanone	' ND	ND	ND	10.0 K ₺

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Page 1 of 3

APR 0 1 2010

DIVISION OF ENVIRONMENTAL COMPLIANCE

The analysis and / or tests have been made and report prepared, based upon results from specific samples identified and supplied by the client or their representatives. We assume no responsibility for any extrapolation of data from the test results and relating such test results to any batch or lot or material from which we had no control of sample acquisition.

This report is furnished in strict confidence for the exclusive use of the client or the client's representative, and no distribution of all or part of the report shall be made to third parties without the prior written approval of the client or the client's representative ordering the work. Official reports will be provided only by Midwest Testing Laboratories, Inc. and will contain a raised seal to certify authenticity. Modification or reproduction of these reports by anyone other than Midwest Testing Laboratories, Inc. is prohibited.

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MIDWEST TESTING LABORATORIES

2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

ANALYTE	, SP# 001	Sp#004	SP#005	MDL
2-chlorotoluene	ND	ND	ND	5.0
2-Hexanone	ND	ND	ND	5.0
2-Nitropropane	ND	ND	ND	5.0
2-Propenic acid, methyl ester	ND	ND	ND	5.0
2-Methoxy-2-Methylpropane	ND	ND	ND.	.5.0
4-Chlorotoluene	ND	ND	ND	5.0
4-Methyl-2-pentanone	ND	ND.	ND	5.0
Acetone	ND	ND	ND	5.0
Acrolein	ND	ND	ND	100.0
Acrylonitrile	ND	ND	ND	5.0
Allyl chloride	ND	ND	ND	5.0
Benzene	ND	ND	ND	5.0
Bromobenzene	ND	ND .	ND	5.0
Bromochloromethane	ND	ND	ND	5.0
Bromodichloromethane	ND	ND	ND	5.0
Bromoform	ND	ND	ND	5.0
Bromomethane	ND ND	ND	ND	5.0
Carbon disulfide	ND	ND	ND	5.0
Carbon tetrachloride	ND	ND	ND	5.0
Chlorobenzene	ND	ND	ND	5.0
Chloroethane	ND	ND	NĐ	5.0
Chloroform.	< ND >	· < ND->	SND->	<_5.0_Mg
Chloromethane	ND	ND	ND	5.0
Cis-1,2-Dichloroethene	ND	ND	ND	5.0
Cis-1,3-Dichloropropene	ND	· ND ·	ND	5.0
Dibromochloromethane	ND	ND	ND	5.0
Dibromomethane	ND	ND ·	ND ·	5.0
Dichlorodifluoromethane	ND ·	ND	ND	5.0
Ethyl methacrylate	ND	··ND	ND	5.0
Ethylbenzene	· ND	ND .	ND	5.0
Heptane	ND	ND	ND ·	5.0
Hexachlorobutadiene	ND	ND	ND	5.0
Hexane	ND	ND	ND	5.0
Iodomethane	ND :	ND.	ND.	5.0
Isopropylbenzene	NĎ	ND	ND	5.0
m,p-Xylenes	ND .	ND	ND.	5.0
Methacrylonitrite	ND	ND	ND	5.0
Methyl Methacrylate	ND	ND	ND	5.0
Methylacrylate	ND	ND	ND	5.0

Page 2 of 3

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APR 0 1 2010

The analysis and / or tests have been made and report prepared, based upon results from specific samples identified and supplied by the client or their representatives. We assume no responsibility for any extrapolation of data from the test results and relating such test results to any batch or lot or material from which we had no control of sample acquisition.

This report is furnished in strict confidence for the exclusive use of the client or the client's representative, and no distribution of all or part of the report shall be made to third parties without the prior written approval of the client or the client's representative ordering the work. Official reports will be provided only by Midwest Testing Laboratories, Inc. and will contain a raised seal to certify authenticity. Modification or reproduction of these reports by anyone other than Midwest Testing Laboratories. Inc. is prohibited.

If during or after the performing of these tests it is subsequently necessary for Midwest Testing Laboratories to recreate reports, assemble materials, gather additional information or perform other work with regard to these test results to assist in the preparation for any investigation, civil proceedings or criminal action, regardless of who makes such a request or issues a subpoena, client shall reimburse Laboratory for out of pocket expenses incurred in relation to such work. Client further agrees to compensate Laboratory for any such work which is required, including any time devoted to testifying in depositions, at hearings or in court.

MIDWEST TESTING LABORATORIES

2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

ANALYTE	SP# 001	SP#004	SP#005	MDL
Methylene chloride	CND>	₹ ND →	ND. >	5.0 4.9
n-Butylbenzene	· ND	ND	ND	5.0
n-propylbenzene	ND	ND	ND	5.0
Naphthalene	ND	ND	ND	5.0
Nitrobenzene	ND	ND	ND	5.0
o-Xylene	ND	ND	ND	5.0
p-isopropyltoluene	ND	ND	ND	5.0
Pentachloroethane	ND	ND	ND	5.0
Propionitrile	ND	ND	ND	5.0
Sec-Butylbenzene	· ND	ND ·	ND	5.0
Styrene	ND	ND	ND	5.0
Tert-Butylbenzene	ND	ND	ND	5.0
Tetrachloroethene	ND	ND	ND	5.0
Tetrahydrofuran	ND	ND	ND	5.0
Toluene	ND	ND	ND	5.0
Trans-1,2-Dichloroethene	ND	ND	ND	5.0
Trans-1,3-Dichloropropene	ND	ND	ND -	5.0
Trans-1,4-Dichloro-2-butene	ND	ND	ND	5.0
Trichloroethene	ND	ND	ND	5.0
Trichlorofluoromethane ·	ND	ND	ND	5.0
Vinyl acetate	ND ·	ND	ND	5.0
Vinyl chloride	ND · ·	ND	ND .	5.0

ND: Not Detected / MDL: Method Detection Limit

Identification of tested specimens provided by the client.

MIDWEST TESTING LABORATORIES

DINESH N. SHAH Laboratory Manager

RECEIVED

APR 0 1 2010

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MIDWEST TESTING LABORATORIES

2645 Gravois Avenue · St. Louis, MO 63118 · (314) 773-3035 · FAX (314) 773-3519

Date: February 26 2010 Lab No.: 2010MT0137

Invoice: 210508

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL

1465 S. Grand Boulevard

St. Louis, Missouri 63104-1095

ATTENTION: Mr. Bud Frederich

REPORT OF TESTS

SAMPLE MATRIX: Water

SAMPLE I.D. : Waste Water

Sample Point ref. Number: 001: Grab @ 09:30 a.m., 2-11-10 Sample Point ref. Number: 004: Grab @ 09:20 a.m., 2-12-10 Sample Point ref. Number: 005: Grab @ 09:40 a.m., 2-11-10

DATE ANALYZED: 02-19-10

METHOD REF. : EPA 600 METHOD 625 RESULTS: mg/L OR PARTS PER MILLION (PPM)

SEMI - VOLATILE ORGANICS

ANALYTE	SP# 001	SP# 004	SP#005	MDL
bis- (Chloromethyl) – ether	ND	ND	. ND	0.010
Pyridine	ND	ND	ND	0.010
Aniline	ND	ND	ND	0.010
Benzyl alcohol	ND	ND ·	ND	0.010
Phenol	CND · ·	ND	ND	. 0.010 mg
2-Chlorophenol	· ND	ND	ND	0.010
bis-(2-Chloroethyl) ether	ND	ND	ND	0.010
N-nitrosodimethylamine	ND	ND	ND	0.010
bis- (2-Chloroisopropyl) ether	ND	ND	ND	0.010
N-Nitroso-di-n-propylamine	ND	ND	ND	0.020
1,3-Dichlorobenzene	ND	ND	ND	0.010
1,4-Dichlorobenzene	ND	ND	ND	0.010
1,2-Dichlorobenzene	ND	ND	ND	0.010
o-Cresol	ND:	ND	ND	0.010
m,p-Cresol	ND	ND	ND	0.010
-lexachloroethane	ND ·	ND	ND	0.010
Nitrobenzene	ND	ND	ND	0.010
2,4-Dimethylphenol	ND	ND	ND	0.010
4-Chloroaniline	ND	ND	ND	0.010
2-Nitrophenol	ND	ND	ND	0.010
2,4-Dichlorophenol	ND	ND	ND	0.010
Benzoic acid	ND	ND	ND .	0.050
4-Chloro-3-methylphenol	ND	ND	ND	0.010
ois (2-Chloroethoxy) methane	ND	· ND·	ND	0.010
Isophorone	ND	- ND	ND	0.010 REC

Page 1 of 3

APR 0 1 2010

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ANALYTE	SP# 001	SP# 004	SP#005	MDL	
1,2,4-Trichlorobenzene	ND	ND	ND	0.010	
2-Methylnaphtalene	ND	ND	ND	0.010	
Hexachlorocyclopentadiene	ND	ND	ND	0.010	
Naphthalene	ND	ND	ND	0.010	
Hexachlorobutadiene	ND	ND	ND	0.010	
2,4,6-Trichlorophenol	ND	ND	ND	0.010	
2,4,5-Trichlorophenol	ND	ND	, ND	0.010	
2-Nitroaniline	ND	ND	ND	0.010	
3-Nitroaniline	ND.	ND	ND	0.010	
4-Nitroaniline	ND	ND	ND	0.010	
2,4- Dinitrophenol	€ ND· ·	ND	ND	0.010 mg	
4-Nitrophenol	ND	ND	ND	0.010	
4,6-Dinitro-2-methylphenol	ND	ND	ND	0.010	
2-Chloronaphthalene	ND	ND	ND	0.010	
4-Chlorophenyl phenyl ether	ND	ND	ND	0.010	
Dimethyl phthalate	ND	ND	: ND	0.010	
2,6-Dinitrotoluene	ND	ND	ND	0.010	
Acenaphthylene	ND	ND	ND	0.010	
Dibenzofuran	ND	ND	ND	0.010	
Diethyl phthalate	ND	ND	ND	0.010	
Acenaphthene	NĐ	ND	ND-	0.010	
Benzo(g,h,i)perylene	ND	ND	ND	0.010	
Fluorene	ND	ND	ND	0.010	
Azobenzene	ND	ND	ND	0.010	
2,4-Dinitrontoluene	ND	ND	ND	0.010	•
Hexachlorobenzene	ND	ND	ND	0.010	
Pentachlorophenol	ND	ND	ND	0.010	
N-Nitrosodiphenylamine	ND	ND	ND	0.010	
4-Bromophenyl phenyl ether	ND	ND	ND	0.010	
Carbazole	ND	ND	ND	0.010	
Di-n-butyl phthalate	ND	ND	ND	0.010	
Phenanthrene	ND	ND	ND	0.010	
Anthracene	ND	ND	ND	0.010	
Fluoranthene	ND	ND	ND	0.050	
Butyl benzyl phthalate	ND	ND	ND	0.010	
bis (2-ethylhexyl) phthalate	ND	ND	ND	0.010	
Pyrene Pyrene	ND	ND	ND	0.010	
Benzo(a)anthracene	ND	ND	ND	0.010	
Chrysene	ND	ND	ND	0.010	
3,3'-Dichlorobenzidine	ND	· ND	ND	0.010	
Di-n-octyl phthalate	ND	ND	ND	0.010	
Benzidine	ND.	ND	ND	0.010	
Benzo(b)fluoranthene	ND	ND	ND	0.010	
Benzo(k)fluoranthene	ND	ND.	ND	0.010	
Benzo(a)pyrene	ND	ND	ND	0.010	g=> n 1

Page 2 of 3

APR 0 1 2010

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MIDWEST TESTING LABORATORIES

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ANALYTE	SP# 001	SP# 004	SP#005	MDL
Dibenzo(a,h)anthracene	ND	ND	ND	0.010
Indeno(1,2,3-cd)pyrene	ND	ND	ND	0.010

ND: Not Detected / MDL: Method Dection Limit

Identification of tested specimens provided by the client.

MIDWEST TESTING LABORATORIES

DINESH N. SHAH

Laboratory Manager

RECEIVED

APR 0 1 2010

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TESTING LABORATORIES

(314) 773-3035 2645 Gravois Avenue St. Louis, MO 63118 FAX (314) 773-3519

> Date: February 26, 2010 Lab. No.: 2010MT0137 Invoice No.: 210508

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL 1465 S. Grand Boulevard St. Louis, Missouri 63104-1095

ATTENTION: Mr. Bud Frederich

REPORT OF TESTS

SAMPLE MATRIX: Waste Water

SAMPLE I.D.

: Sample Point ref. Number 001: Grab @ 09:30 a.m., 2-11-10

Sample Point ref. Number 004: Grab @ 09:20 a.m., 2-12-10

Sample Point ref. Number 005: Grab @ 09:40 a.m., 2-11-10

DATE ANALYZED: 2-24-10

RESULTS: ug/L OR PARTS PER BILLION (PPB)

ORGANOCHLORINE PESTICIDE ANALYSIS **SW-846 METHOD 8081**

ANALYTE	SP# 001	SP#004	SP#005	MDL
Aldrin	ND	NĎ	ND	0.05
alpha-BHC	ND .	ND	ND	0.05
beta-BHC	ND ·	. ND	ND	0.05
gamma-BHC (Lindane)	ND	ND	ND	0.04
delta- BHC	ND	ND	ND	0.05
Chlordane	ND	ND	ND	0.14
4,4'-DDD	ND	ND	ND	0.05
4,4'-DDE	ND	ND	ND	0.05
4,4'-DDT	ND	ND	ND	0.05
Dieldrin	ND	ND	ND	0.05
Endosulfan I	ND	ND	ND	0.05
Endosulfan II	ND	ND	ND	0.05
Endosulfan Sulfate	ND:	ND	ND	0.05
Endrin	ND	ND	ND	0.06
Endrin Aldehyde	ND	ND	ND	0.05
Heptachlor	ND	ND :	ND	0.04
Heptachlor Epoxide	ND	ND	ND	0.20
Methoxychlor	ND	ND	ND	0.06
Toxaphene	ND	ND ·	ND	0.50
AROCHLOR-1016	ND	ND · · ·	ND	0.50
AROCHLOR-1221	ND	ND	ND	0.50
AROCHLOR-1232	ND	ND	ND	0.50
AROCHLOR-1242	ND ·	ND	ND.	0.50
AROCHLOR-1248	ND	ND	ND	0.50
AROCHLOR-1254	ND	ND	ND	0.50
AROCHLOR-1260	ND	· ND ·	·ND	0.50

ND: Not detected / MDL: Method Detection Limit

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SAINT LOUIS UNIVERSITY

SSM Cardinal Glennon 4112 1954-00

1402 South Grand Blvd. St. Louis, MO 63104-1085 Fax: 314-977-5560 www.slu.edu

Office of Environmental Safety & Services Environmental Safety Office (C307) 314-977-8608

Radiation Safety Office (RB5) 314-977-8609

January 25, 2010

Douglas M. Mendoza Industrial Waste Engineer Metropolitan St. Louis Sewer District Department of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913 (FAX #: 436-8753)

Quarterly Reports Of Radionuclide Discharge For The Period Oct. - Dec. 2009 SUBJECT:

Dear Mr. Mendoza:

Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for all Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Todd Stirewalt (Anheuser Busch Institute, Saint Louis University Hospital).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by Cardinal Glennon) will be incorporated into this report.

If you have any questions regarding these reports, please contact me at 977-6896.

Sincerely.

Kevin Ferguson Health Physicist

RECEIVED

JAN 2 H 2010

ROPOLITAN ST. LOUIS SEWER DISTRACT INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: Cardinal Glennon Hospital

Permit No:

1468 6 3 63104

Premise No: 1
Reporting Period:

1465 S. Grand, 63104

□(JAN-MAR)

4112-1954-00 (APR-JUNE)

□(JULY-SEPT)

■(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

1

I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print/type name of signing official: Kevin Ferguson	
Title: Health Physicist	Telephone: 977-6896
Signature: Mr. Ay	Date: 1/25/ORECEIVED
	IAN 2 k onin

DIVISION OF ENVIRONMENTAL COMPLIANCE

MSD 036050

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: _	SSM CARDINAL (GLENNONE HOSPITAL	TO SET of subsummer of the composition of the com	er's y sandr-ac-1922 a change
Permit No:	41121954-00			,
		Blvd. St. Louis,	MO 63103-1095	
Monitoring Period:		□(APR-JUNE)	□(JULY-SEPT)	□(OCT-DEC)

Samples Collected By: MIDWEST TESTING LABORATORIES, INC

Analyses Performed By: MIDWEST TESTING LABORATORIES, INC

PART II: ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS	>	001	004	005	
DATES ON WHICH SAMPLES WERE COLLECTED	>	10-13-09	10-14-09	10-13-09	
TIMES AT WHICH SAMPLES WERE COLLECTED>		9:10-2:20pm	9:15-2:25pm	9:20-2:30pm	
PARAMETER	LIMIT	11 '	YPES (G, C, M OR E) A site, M=measured flow		UNITS
FEOW					
OIL & GREASE	200	24	16	21	mg/L
ВОД	200	179	329	99	mg/L
СОР	****	287	581	178	mg/L
TOTAL SUSPENDED SOLIDS	****	36	107	144	mg/L
TEMPERATURE(Degrees C)	60	20.9	19.4	18.5	
pH (Std. Units)	5.5-1	8.03	8.56	8.37	
SILVER	. 5	0.02	0.01	0.01	mg/L
	oolaan Kallanda oolaa kan Kallanda Silibada				
001 20,670					
					
004- 1000		,			
•					
005 9,490					
	1		\mathbf{H}	ECEIVED	

You must complete and sign the certification statements on the reverse side.

DEC 0 2 2009

PART III:

SPECIAL CERTIFICATION STATEMENTS



Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A.	If your permit special conditions waive monitoring at any sample point(s) specified in your p certification:	ermit, you are required to make the following
,	I certify, since the last discharge monitoring report, there has been no change in the opoint(s)	character of the wastes discharged at sampling
₿.	If your permit special conditions waive monitoring at active connection points which are not sare required to make the following certification:	specified as sample points in your permit, you
	I certify, since the last discharge monitoring report, there has been no change in the connection points which are not specified in my permit.	character of wastes discharged at those active
C	If your permit special conditions waive monitoring at inactive connection points, you are required likely since the permit issue date, there has been no change in the status of copoints remain inactive and no discharge occurred during the period covered by the	onnection points identified as inactive. These
D.	If your permit special conditions authorize grab sample collection in lieu of composite sampli make the following certification:	ng at any sample point(s), you are required to
	I certify the grab sample results in this report accurately represent our average da	aily discharge at sample point(s)
		v.
E.	If your permit special conditions prohibit discharge of wastes which are subject to certain category to make the following certification:	orical pretreatment standards, you are required
	I certify, since the last discharge monitoring report, there has been no discharge standards in 40 CFR	of wastes which are subject to pretreatment
F.	Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from the Pharmaceutical sample point(s) subject to the following-certification:	om limitations and monitoring for Total Cyanide
	I certify: since the last discharge monitoring report, cyanide has not been used or g process subject to Categorical Standards in 40 CFR 439.	enerated in any pharmaceutical manufacturing
G.	Discharges Subject to Categorical Standards for Electroplating (40 CFR-413) Metal Finis Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplatic Components sample point(s) subject to the following certification: Based on my inquiry of the person or persons directly responsible for managing cororganics (TTO), I certify that, to the best of my knowledge and belief, no during wastewaters has occurred since filing the last discharge monitoring report. I further organic management plan submitted to MSD.	ing, Metal Finishing or Electrical & Electronic inpliance with the permit limitation for total toxic inping of concentrated toxic organics into the
PART I	RT IV: GENERAL CERTIFICATION STATEMENTS	
Initial the	al the box for statement A if it applies to you. Everyone must complete the information under	statement B and sign this report.
A	Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO In lieu of monitoring for TTO at sample point(s)	hat to the best of my knowledge and belief, no
B	DISCHARGE MONITORING REPORT CERTIFICATION	
designed who man and belie	rtify under penalty of Law that this document and all attachments were prepared under my directing in assure that qualified personnel property gather and evaluate the information submitted. In manage the system, or those persons directly responsible for gathering the information, the information, the information, the information, the information, the information, the information of the courage and complete. I am aware that there are significant penalties for submitting the imprisonment for knowing violations.	Based on my inquiry of the person or persons ation submitted is, to the best of my knowledge
Print or t	t or type name of signing official: BUD FredericH	
Title:/	: Teem Secoler Telephone	<u> 577-5327</u>
Signature	nature: Bul Freelevil Date:	11/27/09
	2	SMF 10/93

MIDWEST TESTING LABORATORIES

2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

Date: October 23, 2009 **Lab. No.:** 2009MT0415 **Invoice No.:** 290391

SSM CARDINAL GLENNONS CHILDREN'S HOSPITAL 1465 S. Grand Boulevard St. Louis, Missouri 63103-1095

ATTENTION: Mr. Bud Frederich

REPORT OF TESTS

SAMPLE MATRIX: Waste Water

SAMPLE I.D.: Sample Point Ref. Number: 001

Waste Water Composite: 09:10 a.m. / 10-13-09 to 2:20 p.m. / 10-13-09

Grab Sample 9:10 a.m. / 10-13-09 Sample Point Ref. Number: 004

Waste Water Composite: 09:15 a.m. / 10-14-09 to 2:25 p.m. / 10-14-09

Grab Sample 09:15 a.m. / 10-14-09 Sample Point Ref. Number: 005

Waste Water Composite: 09:20 a.m. / 10-13-09 to 2:30 p.m. / 10-13-09

Grab Sample: 09:20 a.m. / 10-13-09

DATE ANALYZED: 10-13-09 to 10-23-09

RESULTS: mg/L OR PARTS PER MILLION (PPM)

ANALYTE	# 001	# 004	#005	MDL	METHOD NUMBER
Oil & Grease	24	16	21	5	413.1
BOD	179	329	99	10	405.1
COD	287	581	178	10	410.1
TSS	36	107	144	5	160.2
Temperature (Degrees C)	20.9	19.4	18.5	.1	170.1
pH (Std Units)	8.03	8.56	8.37	.02	150.1
Silver	0.02	0.01	0.01	.01	272.1

MDL: Method Detection Limit

Identification of tested specimens provided by the client

MIDWEST TESTING LABORATORIES ECEIVED

DEC 0 2 2009

DINESH N. SHAH Laboratory Manager

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METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL FACILITY REINSPECTION REPORT

MSD

Company: SSM Cardinal Glennon Childrens Hospital Account #: 4112195400 Premise Address: 1465 S. Grand Boulevard Zip Code: 63104								
MSD Classes: SIU CIU Surch Potential Toxic Waste Non-Toxic Proc Waste No Process Flow Multi-User Special Handling/Billing Company Representative: Bud Frederich								
Title: Team Leader Phone#: 314-577-5327								
Inspector: D. Kupke								
Others Present: None Inspection Date: 11/24/09 Time: From	08:51 AM	To 10:	33 AM (Last In	sp. <u>11/13/08</u>)				
NOTE: ALL ITEMS ARE TO BE COMPLETED BASED OF INFORMATION OBTAINED OR PROVIDED BY COMP	PANY DURING	INSPECTIO	N, AS WELL AS IN	FORMATION IN FILE.				
*** DATABASE ALSO UPDATED WITH APPROPRI	ATE CHANGE	S - see	attached databa	se reports ***				
1. A. ARE THERE ADDITIONAL NON-STORMWATER ACCOUNT NUMBERS? List them, note any changes:								
B. Did all acct no's have water usa C. If no to B, explain:	age on PIMS	?		Yes⊠ No□				
2. PROCESSES & CLEANUP/WASHDOWN:	Cont/ Batch	Water Used?	Frequency of discharge	Sample pt.				
Hospital Waste	Cont	Yes	daily	SP001, SP004, SP005				
Kitchen waste	Batch	Yes	daily	SP001				
NCCW-Autoclaves	Batch	Yes	daily	SP001, SP005				
Cooling tower blowdown	Batch	Yes	daily	SP001				
Boiler blowdown	Batch	Yes	daily	SP001				
	(None)	N/A						
3. PRETREATMENT (other than grease traps) -				Sample pt.				
Silver recovery-Metallic replacement		ysis		SP001				
Silver recovery-Metallic replacement				SP004				
4. DOES COMPANY HAVE ANY GREASE TRAPS?		A.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
If yes: A. List sample points: SP001 B. What is the frequency for cle	oning 6 ma		-0 W 1.3	Yes⊠ No□				
C. Are enzymes (not bacteria) us D. If yes to C, was co. told to sto	ed in trap: p or switch	s? to appro	ved bacteria?	Yes☐ No☒ Yes☐ No☐ Yes☒ No☐				
5. HAS COMPANY CONSTRUCTED NEW BLDGS/ADDITIONS WITH SEWERS SINCE LAST INSP? Yes No If yes: A. Ask company: Did they notify MSD's Plan Review group? Unknown Yes No B. If no or unknown, has inspector notified Plan Review group? Yes No C. Comments:								
6. HAS COMPANY BEGUN DISCHARGING ANY NE If yes: A. List pollutants & process:	W POLLUTAN	TS SINCE	THE LAST INSP?	Yes□ No⊠				
B. Will MSD STP exceed existing C. Will MSD STP's discharge exceed (MSD must notify MDNR if B or D. Comments:	ed 0.1 mg/]	for any	new pollutant?	Yes No				

	E THERE ANY FEDERA					Yes□ No⊠			
If yes:	A. List reg. & d								
					waste(performs surgica				
	irom X-ray, i	aboratory, a	ind dietary	operatio	ns performed at this h	ospital.			
	ES CATEGORICAL WAS A. At which poir		BINE WITH NO	ON-CAT. W	W PRIOR TO SAMPLING?	Yes□ No⊠			
-	B. Current appli				Is it correct?	Yes No			
	C. If no, list correct factor/explain?								
	A. At which points?								
		ite or discha			nas the long term avg by 20% or more?	Yes No			
	E ANY RADIOACTIVE					Yes⊠ No□			
If yes:	A. Describe oper			dioisoto	pes used for diagnosti				
	B. Does company	have MSD aut	horization		osal to sewer? NA] Yes⊠ No[
	C. Most recent a			8/94	3 3				
	D. Amount discha	.rgea in most	recent con	ртеге са	lendar year: <u>0 m Ci</u>				
11. DOE	ES PROCESS or P&E	WASHDOWN WAT	TER USE APPI	EAR EXCES	STVE?	Yes□ No⊠			
	Explain how use					100 100			
	Tour of the f	acility rev	realed com	mercial	activities from the	ir hospital			
	operation from i	ts x-ray, la	aboratory a	nd dietar	y services used for p	atient care.			
	The only other commercial usage comes from its boiler/cooling tower operations.								
	There were no ex	cessive wate	r usages.						
12. BAS	SED ON ORSEDVATION	ופ הווסדאת דאכ	יחברייוראי דע	DEC COMPA	NY APPEAR TO HAVE	🖸 🗀			
	ME WATER THAT IS N	OT DISCHARGE	ED TO SEWED:	DES COMPA	NY APPEAR TO HAVE	Yes⊠ No□			
					cooling tower operation	ng.			
В.	Was "Return Fact	or Program"	brochure gi	ven to c	ompany?	Yes⊠ No□			
	(regardless of w	hether some	water is no	t discha	rged to sewer)	S3			
			•						
13. HAS	COMPANY EXCEEDED	ORDINANCE D	ISCHARGE L	MITS SIN	CE LAST INSPECTION	Yes□ No⊠			
If yes:	WITHIN THE LAST 1 A.	.2 MONTHS (11							
ii yes.	Pollutant	When	Sample Points	- .	olem resolved?				
		WIICH	FOIRES	N/A	Describe				
				N/A N/A					
	,			N/A					
				N/A					
				N/A					
В.	Comments:								
14. HAS	COMPANY EXCEEDED	CATEGORICAL	PRETREATME	NT LIMIT	s since na	Yes No			
	LAST INSPECTION	OR WITHIN TH							
If yes:	A. Pollutant	When	Sample Points		lem resolved?				
į	· OIIucuit	AATICII	POINTS	Yes/No	Describe	Ţ			
			 	N/A N/A					
	***************************************		 	N/A N/A					
				N/A					
				N/A		7)			
	Comments:			1 - ,	<u> </u>	ı			

15. HAV If yes:	E THERE BEEN ANY PART OF THE PROPERTY OF THE P		Yes∏ No⊠						
	MICALS EASILY REAC	OF PROCESS TANKS, ST H SANITARY SEWERS OR De done?		•	R STORED	Yes∏ No⊠			
If no:	B. How are they concatch basins as room.	ontrolled? re employed to contai	ln wat	<u>er treat</u>	ment chemicals in	n the boiler			
	PANY ACTIVITIES AP	DURING INSPECTION, A PEAR TO IMPAIR STORMW.			REAS WHERE	Yes□ No⊠			
	B. What needs to be done? C. Was "Illicit Stormwater Discharges" brochure given to company? Yes No (regardless of whether there are any problem areas)								
18. DOE If yes:		SPILL CONTROL OR SLU	G DISC	CHARGE CO Last Update	NTROL PLANS? Update neede Explain if y	d?			
	phistoletic in the second seco	Materials and Managem	ent	7/25/97		T			
	2.	inaborrato ana managem		7,23,57	N/A				
В.		ded (in addition to the pany and request)	hose 1	isted in		Yes□ No⊠			
If yes:	A. Parts washer so B. Priority pollut C. How is spent so (Parts washer so monitored for un	ants (or "none"): plvent disposed? lvents are not included less conditions show pot	in dat	abase's p L discharc	ges)	Yes□ No⊠ list, nor			
		DLVENTS USED (OTHER T			ASHERS)?	Yes⊠ No□			
II yes:	A. Solvent name/ components	Used for?		433/469	T7	Priority			
Ī	Chloroform,			ess?	How disposed?	Pollutant?			
	Methylene Chloride, Phenol	Lab reagent	resL	№⊠	hauled off as a chemical waste	Yes No			
	· · · · · · · · · · · · · · · · · · ·		Yes	No.		Yes No			
			Yes	No[Yes No			
-	a.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	No		Yes No			
			Yes	No		Yes No			
L	**************************************		Yes	No		Yes No			
21. DOE If yes:	A. Is it part of a B. If no to A, dat C. Is there a copy D. Does SMP address	.3/433/469 SOLVENT MAI Spill/Slug Control I e of last update for of the Spill/Slug Pl s all 413/433/469 sol	Plan l SMP: Lan or Lvents	isted about SMP in ?	ove? Yes[1.	Yes No			
	(It no to C or	D, write company and	requi	re submi	ttal and/or update	<u>e</u>)			
22. ARE A.	Was company provid emergency response	ATION PROCEDURES POSTI ed notification cards personnel can locate generates process was	& to	ld to pos ?	st where	Yes No No No Concern)			
	•					,			

23. IS COMPANY REQUIRED TO SELF-MONITOR ANY OF THEIR DISCHARGES? If yes: A. Is requirement contained in permit or other document. B. If other document, date & description: C. How frequently is sampling required? quarterly D. How frequently are reports required? quarterly E. Have reports been on-time, complete & signed by proper person? F. If no, explain:	Yes No
24. DOES COMPANY SELF-MONITOR ITS WASTEWATER DISCHARGE? If yes: A. Is the self-monitoring required by MSD? B. Are representative grab/comp samples collected? C. Does sample collection time period match company's production shifts (is it representative)? D. Are EPA-approved 40 CFR 136 wastewater test methods used? E. If no to B, C, or D, explain needed changes: B. and C. SSM Cardinal Glennon collects Composite sampling for a 24-hour operator 12/10/09, I left a voice message that 2 Composites are needed.	ion. On
25. DOES CO. CONTINUOUSLY MONITOR AT SAMPLE POINT AND KEEP A PERMANENT RECORD FOR: pH, TEMP, LEL? If yes: A. At which SPs?	Yes∏ No⊠
B. Does company submit quarterly summaries? C. If no, explain:	Yes No
26. DOES MSD SPLIT SAMPLES WITH THE COMPANY? If yes: A. Is company having the samples analyzed B. How does company insure proper preservation, holding times & analytical methods?	Yes∏ No⊠ Yes∏ No∏
C. Has company submitted results of all split sample analyses since the last insp? D. Have results been submitted within 28 days of the collection's calendar quarter? E. If no to C, or D, explain:	Yes No Yes No
F. Does company still want to split samples? G. Comments:	Yes No
27. IS COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS T SUBMIT COMPLIANCE SCHEDULE REPORTS?	O Yes No
If yes: A. Type and date: B. Have the reports & actions been on-time & complete? C. If no, explain:	Yes No
28. ASK COMPANY: IS CO. IN COMPLIANCE W/APPLICABLE NESHAP REGS FOR WW DISCHARGES? [Some MDNR-issued Title V air permits for specific processes allow pre-approve WW discharge.] [City/County-issued air permits are not NESHAP permits.] If no: A. Describe:	Yes⊠ No∏ ed
B. Was MDNR Air Pollution Control informed? (must be done)	Yes No
29. DOES COMPANY RETAIN ALL WASTEWATER RECORDS FOR AT LEAST 5 YEARS? If no: A. How long does company retain records?	Yes⊠ No∏
B. Was company told to retain for at least 5 years, per ordinance? C. Where are they kept? Contact keeps all wastewater related reconfice's filing cabinet.	Yes No
30. DO MSD CLASSIFICATIONS NEED TO BE REVISED? If yes: A. Indicate correct classifications: SIU CIU Surch. Potential Toxic Waste Non-Toxic No Process Discharge Multi-User Special Handling/Bill: B. Explain changes:	

(07/09)

31.	SAMPLE	POINT	"S				DJ	(y/n)
	SP#	001	Fed.Reg		Components:	Sanitary, Hospital Ktichen waste, NCCW-Au Cooling tower blowdown blowdown, Storm water	toclaves,	No
	SP #	004	Fed.Reg		Components:	Hospital waste, Sanitar	ry, Storm	No
	SP#	005	Fed.Reg	•	Components:	Hospital waste, Autoclaves, Sanitary, water	NCCW- , Storm	No
	SP #		Fed.Reg	•	Components:			N/A
	SP#		Fed.Reg	•	Components:			N/A
32. If ye	s: A.	List	SPs:	S TRAPPED V			Yes	ио⊠
	В.	Was c	o. infor	med that T-	vents are prefe	rred, and told why?	Yes	No
33. If ye				IY SPs SMALI reasons: _	J/IRREGULAR ENOUG	GH TO ALLOW GRAB SAMPLES	? Yes	Ио⊠
34.					GES? (list each	lateral separately)	Yes	NoX
}	Dummy		·	omponents:			PG	
L	Dummy	SP #		omponents:			W	
35. If ye	DO ANY	SAMPL List	E POINTS Sample P	(including oints: <u>SP</u>	Unsampled/Dummy 001, SP004, SP00	y SPs) RECEIVE STORMWATER	R? Yes⊠	No
36.	A. I:	f any	SPs cann	ot be locat	Dummy SPs) OPEN ed or opened, ex to be changed, e		Ps∏ Yes⊠	No
	C. <u>Wa</u>	as ANY	grease		oblem/debris obs	served in any SP?	Yes 🗌	NoX
						corrective actions?	Yes 🗌	No
37.	A. Is	the ma	ap corre	INT MAP! ct and accu ges are nee	rate in <u>all</u> its ded:	Last map revision date: details?	2/19/09 Yes⊠	No
	FIELD '	VISIT		Instructio	ior to Sampling' ns" NEED REVISIO		Yes	NoX
USE TO Note 09:00 be fi activ	HIS SPAG that SS am-2:3 nishing ities.	CE FOR M Card Opm. T up ar A voice	ANY OTHE dinal Gle These tir nd this w	ER COMMENTS/ ennon Hospi nes are when would be a	cal collects 6 h n the first shif representative f	TINENT TO YOUR INSPECTION our composites between t t of the hospital depart or all of their industriorming Bud Frederich tha	he hours oments would	of

(07/09)

RECEIVED

DEC 0 4 2009

ENVIRONMENT OF CARE INDICATORS
CALENDAR YEAR 2009

Som Combrall
Elenonon OH/dum
Harpiral

DEPT. OF ENVIRONMENTAL	CALENDAR YEAR 2009								MACAMENTA				
COMPLIANCE		1ST QU	ARTER	21	ND QUA	RTER	31	RD QUA	RTER	T 41	H QUAR	TER	
	JAN	FEB	MAR	APRIL	YAM	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
lazardous Material Events ardinal Glennon			2009	9									
o. of spills or other events		2 00000		1	3 10 10		Filmski	2	2 - 7 - 6 19		<u>) (</u>	0 <u>(</u>	<u>(0</u> 15)////251
o. of lbs. of hazardous materials disposed of 2009	\$400 5	12,597	445	4326	303.	4136	3550) (2.104)	3327	7 11 11 11			0 3534
of lbs. of chemical waste disposed of 2009	0	4555 EC		196	100	क्ट्र अ ग्रह		V 9	\$\$\%\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2 27 128) (EV.55.~	0 % 55
taff Knowledgable of MSDS	50000000000000000000000000000000000000			· ·	De la constanta de la constant					Topic and the second se	Marie Contract Contra	10000000000000000000000000000000000000	
o. of staff who can describe purpose and				10000000000000000000000000000000000000						Kilonoon	-		
cation of MSDS	23	16	19	25	18	20	16	20	18				0 2 17
of staff asked about MSDS	23	17	<u> </u>	25	20	22	0016	21	- 78 - 78	1551.0380	3.042 an	Control I	Q &
cent of staff who can describe purpose d location of MSDS	2000 200 000 000 0000 000			<u> </u>									
d location of MSDS	100%	94%	100%	100%	90%	91%	.100%	95%	100%	#DIV/0	#DIV(0)	#D)V/O	979
ontraband	_					500000000000 <u>0000000000000000000000000</u>		0000kmmininnessöässöbba	RESCOODED STANSON AND A STANSO	N305ksscoossscoggggg6600	RECOGNICE CONTRACTOR C	MARCOCCOCCOCCOCCOCCOCCOCCOCCOCCOCCOCCOCCOC	darkinnossossippossospasg <u>arpaga</u>
edies nge no needies		(E)(3)	755 M		2		0 (48)	2	- (1)	192270			
eritems	**************************************	23	24	21				a ID	7	20 20	NAME OF TAXABLE PARTY OF TAXABLE PARTY.		Name and Address of the Owner, which the
9 Total	21	25	28	24	2 7 4	40						2 42 2 2 3	FAR BUSINE
ntraband Reported in 2008	21	20 20	28	(December 2000)	21 18	19 16	20 25	16 27	9 20	Barrer and the same of the sam	diament de la constitución de la c	0	183

ROPOLITAN ST. LOUIS SEWER DISTRI IAL DATA SHEET - FACILITY INFORM

INDUSTRY NAME

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL
Premise Address PRIMARY MSD ACCOUNT NO.

4112195400

1465 South Grand Blvd. St. Louis MO. 63104

INDUSTRIAL USER CLASSIFICATIONS WUNNENBERGINFO. SIU CRITERIA 03/06/1997 SIU Base Map 20F3 POTM Reasonable potential for adverse affect on 03/06/1997 PTW Wun:St. Louis City & Co. Grid: H 21 Page 38 GENERAL INFORMATION INSPECTION INFORMATION PERMITINFORMATION ... IUQ INFORMATION Issue Date: IUQ Recvd Date: 10/29/1999 Office Mailing Address 05/01/2005 Next Due Expire Date: 04/30/2010 1465 South Grand Blvd Insp Rslt Reviewer: Fabian Grabski St. Louis, MO. 63104-1095 Extended Date: 12/31/2007 IUQ Recvd Date: 12/20/2004 11/24/2009 RIN David Kupke **Billing Address** Writer Fabian Grabski Reviewer: David Kupke 1465 South Grand Blvd. Issue Date: 01/01/2008 IUQ Recvd Date: 11/24/2009 St Louis, MO. 63104 Expire Date: 04/30/2010 Reviewer: David Kupke Extended Date: 02/29/2008 Writer Scott Rehmer Issue Date: 03/01/2008 Expire Date: 04/30/2010 **Extended Date:** Writer Scott Rehmer CONTACTS BILL Bud Frederich (314) 577-5327 Ext. Team Leader OFF FLDI Bud Frederich Team Leader OFF (314) 577-5327 Ext. FLD2 Kevin Smith Facilities Supervisor **OFF** (314) 678-2035 Ext. Jack Mitchell FLD3 Maintenance Mechanic OFF (314) 577-5600 Ext. OFF1 Bud Frederich Team Leader OFF (314) 577-5327 Ext. OFF2 Kevin Smith Facility Supervisor **OFF** (314) 678-2035 Ext. OPERATIONAL INFORMATION.... OTHER AGENCIES INFORMATION 09/29/1997 EPA - Hazardous Waste Program MOD075904839 Work Days: 7 S T W Т S M F 11/03/1997 **Nuclear Regulatory Commission** 24-00196-07 600 08:00AM 1 8.0 Y Y Y Y Y Y Y 11/10/2000 MDNR - Hazardous Waste Program 2 400 001310 04:00PM 8.0 Y Y Y Y Y Y 09/28/2005 MSD - Billing Account Number 00208068 3 350 12:00AM 8.0 Y Y Total Emp: 1,350 Hrs: 24.0 NON-SEWERED WASTE On-Site Storage Y On-Site Disposal N Off-Site Disposal 11/24/2009 Equipment Oils and/or Grease GAL 12/04/2009 Infectious Waste Medical waste 35314 LB/YR 12/04/2009 Other Chemical waste 556 LB/YR Ω Μ M E N I RAW MATERIALS SIC INFORMATION 🦪 **EFF DATE** MATERIAL DESCRIPTION QUANTITY UNIT SIC DESCRIPTION 8069 Specialty Hospitals, Except Psychiatric PRODUCTS EFF DATE DESCRIPTION UNIT AVG_PROD MAX PROD 05/07/2004 General hospital

Report No. PIMS012A

12/10/2009

9:47:38 am

Data Date & Time:

12/10/2000

0.47.28 am

MEROPOLITAN ST. LOUIS SEWER DISTRICTION INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **SSM** PRIMARY MSD ACCOUNT NO.

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL
T NO. 4112195400 Premise Address

PITAL 1465 South Grand Blvd. St. Louis MO. 63104

SEWER-ACCOUNTS
Sewer Accounts
4112195400

WATERCO	WATTER CONSUMPTITION AND WASTEWATTER DISCHARGE									
Start Date	e = 01/01/20	08 1 2E00100an	12/09/2	2009 12:59::	59P N	(days	Cdays			
Acct. No.			Cor	nsumption					Disc	harge
4112195400			CCF's	Gallons				•	Gal/ Wday	Gal/ Cday
4112195400	10/17/2007	01/28/2008	8,360	8,360	Α	104	104		104	_
4112195400	01/29/2008	04/21/2008	4,370	12,730		84	84		188	
4112195400	04/22/2008	07/16/2008	24,090	36,820		86	86	2	274	
4112195400	07/17/2008	10/17/2008	17,760	54,580		93	93		367	
4112195400	10/18/2008	02/04/2009	13,515	68,095		110	110	4	177	
4112195400	02/05/2009	04/16/2009	5,712	73,807		71	71	:	548	
4112195400	04/17/2009	07/16/2009	14,714	88,521		91	91	(539	
RF	0.79 Acct. Facility	Total Fotal	88,521 88,521	66,218,311			539	639	81,866	81,866

ROPOLITAN ST. LOUIS SEWER DISTRI RIAL DATA SHEET - FACILITY INFORM

INDUSTRY NAME

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL
FNO. 4112195400 Premise Address

PRIMARY MSD ACCOUNT NO.

1465 South Grand Blvd. St. Louis MO. 63104

CONNECTION	and SAMPLE POINT INFORMATION	***************************************		30000000000000000000000000000000000000	***************************************	20000000000000000000000000000000000000
LATERAL NO.		DSMH Tr	reatment Area	Bissell Point		
01	Sanitary Or Combined	20F3 350C	Trunk Sewer	Rock Springs		
Description	Line from building northwest to Vista Av.					
Sewer Route	West on Vista to 39th St, continuing West to	9' relief sewer then N	orth to trunk.			
SAMPLE POIN	NT NO. 001 Ordinance	NPDI	ES Outfall No.			
Description	MH on sidewalk S of Vista Ave., E of over	head walkway, Flow	from SE			Effective
Discharge Com	ponents Process Description	Avg Flow	Unit M	ax Flow U	nit RUD	Date
Sanitary		28,350		GPI	D D	11/24/09
Boiler Blowdown	n		GPD	GPI		11/24/09
	oling Watartoclaves	•	GPD	GPI		11/24/09
Cooling Tower B	_	2,930	GPD	GPI		11/24/09
Kitchen Waste		8,000	GPD	GPI	D D	11/24/09
Hospital Waste		34,648		GPI		11/24/09
Storm Water		0	GPD	GPI	D C	11/24/09
	Total Flow Avg =	77,748	Max =			
CONNECTION	and SAMPLE POINT INFORMATION			**************************************	***************************************	
LATERAL NO.		DSMH Tr	eatment Area	Bissell Point		
03	Sanitary Or Combined	20F3 360C	Trunk Sewer	Rock Springs		
Description	8" line exiting NW from SW main hospital en	trance into manhole				
Sewer Route	N along Spring, W along Vista, to 39th St, cor	ntinuing West to 9' re	lief sewer then N	orth to trunk.		
SAMPLE POIN	NT NO. 004 Ordinance	NPDI	ES Outfall No.			
Description	MH 3' W from SW comer of emergency bu	iilding				77.00 A
Discharge Com	ponents Process Description	Avg Flow	Unit M	ax Flow U	nit RUD	Effective Date
Hospital Waste	X-ray, and Laboratory services	4,000	GPD	GPI	D D	11/24/09
Sanitary		4,000	GPD	GPI	D D	11/24/09
Storm Water		0	GPD	GPI	D D	11/24/09
	Total Flow Avg =	8,000	Max =			
CONNECTION	and SAMPLE POINT INFORMATION	00000000000000000000000000000000000000	000000000000000000000000000000000000000		900000000000000000000000000000000000000	20000000000000000000000000000000000000
LATERAL NO.	Lateral Type	DSMH Tr	eatment Area	Bissell Point		
04	Sanitary Or Combined	20F3 350C	Trunk Sewer	Rock Springs		
Description	8" lateral exiting W from North side West bui	lding				
Sewer Route	N onto Vista Ave., West on Vista to 39th St,	continuing West to 9'	relief sewer then	North to trunk.		
SAMPLE POIN	VT NO. 005 Ordinance	NPDI	ES Outfall No.			
Description	Manhole 12' N, 10' E from the NW corner of	of the west building				
Disak C-		_	Ilmit 3.4	ov Flore **	tentar 9	Effective Date
ARKENSTRAL AM	ponents i rocess peser ipuon	Avg Flow		ax Flow U		
Discharge Com	ling Watertaalayee		GPD	GPI		11/24/09
Non Contact Coo	oling Watartoclaves		CDD	~~~		
Non Contact Coo Hospital Waste	oling Watertoclaves	8,000		GPI		11/24/09
Non Contact Coo Hospital Waste Sanitary	oling Watartoclaves	8,000 1,400	GPD	GPI) D	11/24/09
Non Contact Coo Hospital Waste		8,000 1,400 0	GPD GPD) D	
Non Contact Coo Hospital Waste Sanitary Storm Water	Total Flow Avg =	8,000 1,400	GPD	GPI) D	11/24/09
Non Contact Coo Hospital Waste Sanitary Storm Water	Total Flow Avg =	8,000 1,400 0	GPD GPD	GPI) D	11/24/09
Non Contact Coo Hospital Waste Sanitary Storm Water	Total Flow Avg = NT TYPES TYPE DESCRIPTION	8,000 1,400 0	GPD GPD	GPI) D	11/24/09
Non Contact Coo Hospital Waste Sanitary Storm Water PRETREATMEN SP EFF DATE	Total Flow Avg = NT TYPES TYPE DESCRIPTION 3 DC20 Electrolysis	8,000 1,400 0	GPD GPD	GPI) D	11/24/09

Report No. PIMS012A Data Date & Time:

001 02/20/2003 DC28 Grease Trap 004 03/03/2004 DC32 Metallic Replacement

> 12/10/2009 12/10/2000

9:47:38 am 0.47.38 am

ROPOLITAN ST. LOUIS SEWER DISTR IIAL DATA SHEET - FACILITY INFORM

INDUSTRY NAME

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL
Premise Address

4112195400 PRIMARY MSD ACCOUNT NO.

1465 South Grand Blvd. St. Louis MO. 63104

PRIORITY POLLUTANTS **Pollutant Description** Pollutant Description Status Status Pollutant Description Status Silver (Total) Mercury (Total) Phenol KP KP KP 2,4-Dinitrophenol Methylene Chloride Chloroform ΚP ΚP KP

EXTRA STRENGTH SURCHARGE INFORMATION

For Account Number Selecte 4112195400



Located at

1465 South Grand Blvd.

St. Louis

MO 63104

Address Type

Contact Type	C	ontact Name	et Name Contact Title		Number	Ext.
Billing Address						ingganikalgalikinsandigapin <u>ana</u>
Billing Contact	Bud	Frederich	Team Leader	OFF	(314)577-5327	
Office Mailing Address						
Office Contact - Primary	Bud	Frederich	Team Leader	OFF	(314)577-5327	
Office Contact 1st Alt	Kevin	Smith	Facility Supervisor	OFF	(314)678-2035	
Premise Address						
Field Contact - Primary	Bud	Frederich	Team Leader	OFF	(314)577-5327	
Field Contact 1st Alt	Kevin	Smith	Facilities Supervisor	OFF	(314)678-2035	
Field Contact 2nd Alt	Jack	Mitchell	Maintenance Mechanic	OFF	(314)577-5600	

PIMS RT OF FIELD SAMPLING REQUIREME SSM CARDINAL GLENNON CHILDREN'S HOSPITAL

Account No Entered 4112195400

SPN PREMISE ADDRESS 1465 South Grand Blvd.			CITY	ST	ZIP
			St. Lo	uis MO	63104
001 Project Code: Pollutant Group	IM = Poll Code	IPD - Company - MSD Pollutant Description	Frequency	Sample Type	End Date
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2010
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2010
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2010
	T237000	pН	Once/year	Grab	06/30/2010
	T247000	Temperature	Once/year	Grab	06/30/2010
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2010
LGRIV (Starts - 08/14/1991) T257000	Total Phenols	Once/year	Grab	06/30/2010
	T332000	Chloroform	Once/year	Grab	06/30/2010
	T371000	Methylene Chloride	Once/year	Grab	06/30/2010
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs	06/30/2010
Ordinance / 413/433	T999000	Total Toxic Organics	Once/year	Grab	06/30/2010
004 Project Code: Pollutant Group	IM =] Poll Code	IPD - Company - MSD Pollutant Description	Frequency	Sample Type	End Date
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2010
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2010
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2010
	T237000	pН	Once/year	Grab	06/30/2010
	T247000	Temperature	Once/year	Grab	06/30/2010
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2010
LGRIV (Starts - 08/14/1991) T257000	Total Phenols	Once/year	Grab	06/30/2010
	T332000	Chloroform	Once/year	Grab	06/30/2010
	T371000	Methylene Chloride	Once/year	Grab	06/30/2010
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs	06/30/2010
Ordinance / 413/433	T999000	Total Toxic Organics	Once/year	Grab	06/30/2010
005 Project Code:	IM =] Poll Code	IPD - Company - MSD Pollutant Description	Frequency	Sample Type	End Date
Pollutant Group	RANGER BERNESS CONTRACTOR CONTRAC	*			
Ponutant Group	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2010
ronutant Group	T208000 T213000	Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand	Once/year Once/year	Comp-Time 04 Hrs	06/30/2010 06/30/2010
Pollutant Group	T208000 T213000 T234000	Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total)	Once/year	Comp-Time 04 Hrs Grab	
Pollutant Group	T208000 T213000 T234000 T237000	Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH	Once/year Once/year	Comp-Time 04 Hrs	06/30/2010
Pollutant Group	T208000 T213000 T234000 T237000 T247000	Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature	Once/year Once/year Once/year	Comp-Time 04 Hrs Grab	06/30/2010 06/30/2010
•	T208000 T213000 T234000 T237000 T247000 T256000	Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids	Once/year Once/year Once/year Once/year	Comp-Time 04 Hrs Grab Grab	06/30/2010 06/30/2010 06/30/2010
•	T208000 T213000 T234000 T237000 T247000 T256000) T257000	Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids Total Phenols	Once/year Once/year Once/year Once/year Once/year	Comp-Time 04 Hrs Grab Grab Grab	06/30/2010 06/30/2010 06/30/2010 06/30/2010
	T208000 T213000 T234000 T237000 T247000 T256000) T257000 T332000	Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids	Once/year Once/year Once/year Once/year Once/year Once/year	Comp-Time 04 Hrs Grab Grab Grab Grab Comp-Time 04 Hrs	06/30/2010 06/30/2010 06/30/2010 06/30/2010 06/30/2010
LGRIV (Starts - 08/14/1991	T208000 T213000 T234000 T237000 T247000 T256000) T257000	Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids Total Phenols	Once/year Once/year Once/year Once/year Once/year Once/year	Comp-Time 04 Hrs Grab Grab Grab Comp-Time 04 Hrs Grab	06/30/2010 06/30/2010 06/30/2010 06/30/2010 06/30/2010 06/30/2010

Re	po	n I	NO.	۲	IMS067A
_		_		_	



SSM Cardinal III.

1402 South Grand Blvd.

St. Louis. M.

1402 South Grand Blvd.

St. Louis, MO 63104-1085

SAINT LOUIS UNIVERSITY

Office of Environmental Safety & Services Environmental Safety Office (C307) 314-977-8608

Oct. 13, 2009

Radiation Safety Office (RB5) 314-977-8609

Douglas M. Mendoza Industrial Waste Engineer Metropolitan St. Louis Sewer District Department of Environmental Compliance 10 East Grand Avenue St. Louis. MO 63147-2913 (FAX #: 436-8753)

Quarterly Reports Of Radionuclide Discharge For The Period July - Sept. 2009 SUBJECT:

Dear Mr. Mendoza:

Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for all Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Todd Stirewalt (Anheuser Busch Institute, Saint Louis University Hospital).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by Cardinal Glennon) will be incorporated into this report.

If you have any questions regarding these reports, please contact me at 977-6896.

Sincerely,

Kevin Ferguson Health Physicist

RECEIVED

OCT 15 2009

MOROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

55 M

Company Name: Cardinal Glennon Hospital

Permit No: Premise No:

1465 S. Grand, 63104

4112-1954-00

Reporting Period:

□(JAN-MAR)

□(APR-JUNE)

(JULY-SEPT)

□(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS



I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print/type name of signing official: Kevin Ferguson	0 27 1 K 2220
	SICI 6.9 KUUS
Title: Health Physicist	Telephone: 977-6896
Signature: Ky YM	Date: /0// ÆWRONMENTAL COMPLIANCE



Metropolitan St. Louis Sewer District

Division of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913 Phone: 314.768.6200 www.stlmsd.com

September 11, 2009

Bud Frederich
Facility Manager
SSM CARDINAL GLENNON CHILDREN'S HOSPITAL
1465 South Grand Blvd.
St. Louis, MO 63104

Re: Discharge Permit No:

4112195400 - 2

For premise at:

1465 South Grand Blvd.

St. Louis, MO 63104

Dear Mr. Frederich:

The Metropolitan St. Louis Sewer District Wastewater Discharge permit for the above premise expires on April 30, 2010. Under the terms of the permit, you must apply for renewal at least 180 days prior to the expiration date.

We have enclosed an Industrial User Questionnaire form and instructions. You also may download an electronic version from MSD's website at www.stlmsd.com. This questionnaire serves as your permit application. Please complete and return the questionnaire to us no later than November 01, 2009. You may skip Section G of the questionnaire. Please retain a copy for your files.

We will use the questionnaire and our records on your facility to prepare a draft permit. The draft permit will be sent to you for comment, prior to sending a final permit.

We appreciate your cooperation and support in helping us to comply with the federal regulations. If you have any questions or need assistance in completing the questionnaire, please contact me at 314.436.8756.

Sincerely,

METROPOLITAN ST. LOUIS SEWER DISTRICT

Scott M. Rehmer Assistant Engineer

Enclosures: IUQ form, instructions

cc: Doug Mendoza Dave Kupke

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

SR. 8-13

٨	DT	1.

IDENTIFYING INFORMATION

Company Name: _	SSM CARDINAL G	LENNONE HOSPITAL		
Permit No:	-			
		Blvd. St. Louis,	MO 63103-1095	
Monitoring Period:	□(JAN-MAR)	□(APR-JUNE)	JULY-SEPT)	□(OCT-DEC)
Samples Collected	By: MIDWEST TES	TING LABORATORIES,	INC	
Analyses Performe	d By: MIDWEST TE	STING LABORATORIES	INC	

PART II:

ANALYTICAL RESULTS OF SELF MONITORING

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MSD SAMPLE POINT REFERENCE NUMBERS	>	33	1	1		-	23-69	
DATES ON WHICH SAMPLES WERE COLLECTED	49000000000000000000000000000000000000	> 1-23-69			7-24-09		1-25-27	
TIMES AT WHICH SAMPLES WERE COLLECTED		-> 8:45an-2:35 M			10:15 -2:45 Pm. 8:55 -2:45 PM			
PARAMETER	LIMIT	11	RECORD SAMPLE TYPES (G, C, M OR E) AND RESULTS BELOW G=grab, C=composite, M=measured flow, E=estimated flow					UNITS
FEOW								
OIL & GREASE	200	G	14		9		11	mg/L
BOD	200	C	107		203		96	mg/L
COD	****	C	160		386		191	mg/L
TOTAL SUSPENDED SOLIDS	****	C	49		158		101	mg/I.
TEMPERATURE(Degrees C)	60	G	24.4		26.5		23&	
pH (Std. Units)	5.5-1	G	7.54		8.59		8.11	
ŚILVER	.5	C	0.02		0.03		<0.0	mg/L
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You must complete, and sign the certification statements on the reverse side.

AUG 13 2009

permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your

SPECIAL CERTIFIE ON STATEMENTS PART III:

PART III:	SPECIAL	CERTIFIC	STATEMENTS				. *
Based on the sp	pecial conditions	contained in your dis	charge permit you may	be required to certify one or more of the	following.	Please review y	your .

permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following Α certification: I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you В. are required to make the following certification: I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification: C. I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report. D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification: I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) *-E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification: I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR ___ F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following-certification I certify; since the last discharge monitoring report, eyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.8 G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413) Metals Einishing (40 CFR 433) or Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification: Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD. PART IV: GENERAL CERTIFICATION STATEMENTS Initial the box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification: In lieu of monitoring for TTO at sample point(s) _______, I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report. 8. DISCHARGE MONITORING REPORT CERTIFICATION I certify under penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. FredericH ______Telephone:__<u>577-53</u>27 ____ Date: 8-10-09 2

SMF 10/93

8-13

2645 Gravois Avenue · St. Louis, MO 63118 · (314) 773-3035 · FAX (314) 773-3519

Date: August 3, 2009 **Lab. No.:** 2009MT0344

Invoice No.: 290316

4112-1954-00

SSM CARDINAL GLENNONS CHILDREN'S HOSPITAL 1465 S. Grand Boulevard St. Louis, Missouri 63103-1095

ATTENTION: Mr. Bud Frederich

REPORT OF TESTS

SAMPLE MATRIX: Waste Water

SAMPLE I.D.: Sample Point Ref. Number: 001

Waste Water Composite: 08:45 a.m. / 7-23-09 to 2:35 p.m. / 7-23-09

Grab Sample 8:45 a.m. / 5-7-09 Sample Point Ref. Number: 004

Waste Water Composite: 10:15 a.m. / 7-24-09 to 2:45 p.m. / 7-24-09

Grab Sample 10:15 a.m. / 7-24-09 Sample Point Ref. Number: 005

Waste Water Composite: 08:55 a.m. / 7-23-09 to 2:25 p.m. / 7-23-09

Grab Sample: 08:55 a.m. / 7-23-09

DATE ANALYZED: 7-23-09 to 8-3-09

RESULTS: mg/L OR PARTS PER MILLION (PPM)

ANALYTE	# 001	# 004	#005	MDL	METHOD NUMBER
Oil & Grease	14	9	11	5	413.1
BOD	107	203	96	10	405.1
COD	. 160	386	191	10	410.1
TSS	49	128	101	5	160.2
Temperature (Degrees C)	24.4	26.5	23.8	.1	170.1
pH (Std Units)	7.54	8.59	8.11	.02	150.1
Silver	0.02	0.03	< 0.01	.01	272.1

MDL: Method Detection Limit

Identification of tested specimens provided by the client

RECEIVED

AUG 13 2009

MIDWEST TESTING LABORATORIES

DIVISION OF

ENVIRONMENTAL COMPLIANCE

DINESH N. SHAH Laboratory Manager

The analysis and / or tests have been made and report prepared, based upon results from specific samples identified and supplied by the client or their representatives. We assume no responsibility for any extrapolation of data from the test results and relating such test results to any batch or lot or material from which we had no control of sample acquisition.

This report is furnished in strict confidence for the exclusive use of the client or the client's representative, and no distribution of all or part of the report shall be made to third parties without the prior written approval of the client or the client's representative ordering the work. Official reports will be provided only by Midwest Testing Laboratories, Inc. and will contain a raised seal to certify authenticity. Modification or reproduction of these reports by anyone other than Midwest Testing Laboratories. Inc. is prohibited.

If during or after the performing of these tests it is subsequently necessary for Midwest Testing Laboratories to recreate reports, assemble materials, gather additional information or perform other work with regard to these test results to assist in the preparation for any investigation, civil proceedings or criminal action, regardless of who makes such a request or issues a subpoena, client shall reimburse Laboratory for out of pocket expenses incurred in relation to such work. Client further agrees to compensate Laboratory for any such work which is required, including any time devoted to testifying in depositions, at hearings or in court.

MSD

PART I: IDENTIFYING INFORMATION

Company Name: Cardinal Glennon Hospital Permit No: - 4112 - 1954 - 00

Premise No: 1
Reporting Period:

1465 S. Grand, 63104

□(JAN-MAR)

(APR-JUNE)

□(JULY-SEPT)

□(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

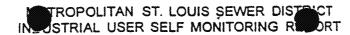
A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print/type name of signing official: Kevin Ferguson		RECEIVED
Title: Health Physicist	Telephone: 977-6896	JUL 3 0 2009
Signature:	Date.	DIVISION OF RONMENTAL COMPLIANCE



MSD PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

IDENTIFYING INFORMATION PART I: SSM CARDINAL GLENNONE HOSPITAL Company Name: _ 41121954-00 Permit No: Premise Address: 1465 S. Grand Blvd Louis MO 63103-1095 □(OCT-DEC) □(JAN-MAR) □(JULY-SEPT) Monitoring Period: Samples Collected By: MIDWEST TESTING LABORATORIES Analyses Performed By: MIDWEST TESTING LABORATORIES

ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS	>	00	1	C	004			
DATES ON WHICH SAMPLES WERE COLLECTED	>	5-	7-09	5-	7-09			
TIMES AT WHICH SAMPLES WERE COLLECTED		9:1	0-2:20pm	9:2	5-2:35pm			
PARAMETER	LIMIT	11	CORD SAMPLE TY grab, C=compos					י. עאודs
FEOW	hayaysayahdii waqaybaan qiilida kii giilida qirada alba		skalanaassankas (1900–1900) jäkkanaassakkille (1900–1900)		managemental Administration		annaharinnannanniski viiguusususittäääääätöt	
OIL & GREASE	200		12		10		nanaciananannymikky (muuuuushiisissinnika Pik	mg/L
ВОД	200		177		169		Onto (Alle Communication of the Communication of	mg/L
COD	****		236		230		alayanin aya da aya aya aya aya aya aya aya aya	mg/L
TOTAL SUSPENDED SOLIDS TEMPERATURE(Degrees C)	**** 60		31 22.8		25 22.5		yaanaa aa ahaa ahaa ahaa ahaa ahaa ahaa	mg/L
pH (Std. Units)	5.5-1		7.37		8.21			
SILVER	. 5		0.01		0.02			mg/L
Janale Dount \$001	7							
72,000								
sangale point 00	9				!			
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You must complete and sign the certification statements on the reverse side.

2009

PART III:

SPECIAL CERTIFI ION STATEMENTS



Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A.	If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following
•	certification: Certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s)
В. ,	If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification: I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.
C .	If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification: I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.
D.	If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification: I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
E.	If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification: I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR
F.	Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following-certification. I certify: since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.8
G.	Discharges Subject to Categorical Standards for Electroplating (40 CFR-413) Metal-Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification: Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.
PART	IV: GENERAL CERTIFICATION STATEMENTS
Initial th	Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification: In lieu of monitoring for TTO at sample point(s) toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.
B	DISCHARGE MONITORING REPORT CERTIFICATION
designed who mai and belik and imp	under penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system d to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons nage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge of, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine risonment for knowing violations. The deviced
Fitte:	Franktile o Telephone: 5,77-5327
Signatur	18: Bead Frederick Date: 7/15/08
	2 SMF 1093

2

2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

Date: May 18, 2009 Lab. No.: 2009MT0261 Invoice No.: 290228

SSM CARDINAL GLENNONS CHILDREN'S HOSPITAL 1465 S. Grand Boulevard St. Louis, Missouri 63103-1095

ATTENTION: Mr. Bud Frederich

REPORT OF TESTS

1.300

SAMPLE MATRIX: Waste Water

SAMPLE I.D.: Sample Point Ref. Number: 001

Waste Water composite: 09:10 a.m. / 5-7-09 to 2:20 p.m. / 5-7-09

Grab Sample 9:10 a.m. / 5-7-09

Sample Point Ref. Number: 004

Waste Water composite: 09:25 a.m. / 5-7-09 to 2:35 p.m. / 5-7-09

Grab Sample 09:25 a.m. / 5-7-09

DATE ANALYZED: 5-7-09 to 5-18-09

RESULTS: mg/L OR PARTS PER MILLION (PPM)

ANALYTE	# 001	# 004	MDL	METHOD NUMBER
Oil & Grease	12	10	5	413.1
BOD	177	169	10	405.1
COD	236	230	10	410.1
TSS	31	25 .	5	160.2
Temperature (Degrees C)	22.8	22.5	· .1·	170.1
pH (Std Units)	7.37	8.21	.02	150.1
Silver	0.01	. 0.02	.01	272.1

MDL: Method Detection Limit

Identification of tested specimens provided by the client

MIDWEST TESTING LABORATORIES

DINESH N. SHAH Laboratory Manager RECEIVED

JUL 17 2009

The analysis and / or tests have been made and report prepared, based upon results from specific samples identified and supplied by the client or their representatives. We assume no responsibility for any extrapolation of data from the test results and relating such test results to any batch or lot or material from which we had no control of sample acquisition.

This report is furnished in strict confidence for the exclusive use of the client or the client's representative, and no distribution of all or part of the report shall be made to third parties without the prior written approval of the client or the client's representative ordering the work. Official reports will be provided only by Midwest Testing Laboratories, Inc. and will contain a raised seal to certify authenticity. Modification or reproduction of these reports by anyone other than Midwest Testing Laboratories. Inc. is prohibited.

If during or after the performing of these tests it is subsequently necessary for Midwest Testing Laboratories to recreate reports, assemble materials, gather additional information or perform other work with regard to these test results to assist in the preparation for any investigation, civil proceedings or criminal action, regardless of who makes such a request or issues a subpoena, client shall reimburse Laboratory for out of pocket expenses incurred in relation to such work. Client further agrees to compensate Laboratory for any such work which is required, including any time devoted to testifying in depositions, at hearings or in court.



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МЕМО ТО:

Hospital Files

FROM:

Tom Boehm

DATE:

June 16, 2009

SUBJECT:

Total Phenois on Field Sampling Requirements

From past experience, we understand that most health care facilities use phenols in one form or another for both lab use and for sanitization. We also know that the expertise of those charged with completing Permit Applications (Industrial User Questionnaire - IUQ) runs the gamut from highly qualified EHS employees to less qualified maintenance and HR personnel. Because of this large disparity in their knowledge of chemistry, some may not be aware of the existence of these products being used on site and may not have included them on the Priority Pollutant list on the IUQ.

In order to combat this and to make Field Sampling Requirements more consistent across the Permitted hospitals in the PIMS database, all sample points that collect hospital waste and have potential for phenolic containing discharges are being changed to include Total Phenols. Individual phenolics are being removed because Total Phenols includes them in the Method 420.1. If this 'wet method' yields a result above our limitation, Method 625 must be used to determine the level of individual phenolic compounds. Permit requirement changes will be handled as each is revised over the next few years.

Cc:

Anheuser-Busch Institute	4112225102
Barnes Jewish - North Campus	5112218200
Barnes Jewish – South Campus	5112216900
Barnes Jewish West County Hospital	0611508201
Christian Hospital	3118097000
Des Peres Hospital	7018960700
Forest Park Hospital	4112271800
Kindred Hospital – St. Louis	5112241404
Missouri Baptist Medical Center	3118092900
Shriner's Hospital For Children	6118481900
SSM Cardinal Glennon Children's Hospital	4112195400~
SSM Depaul Health Center	0511000500
SSM St. Mary's Health Center	9009387301
St. Alexius Hospital Corp #1	3112133801
St. Alexius Hospital Corp #1	3112536100
St. Anthony's Medical Center	0610900300
St. John's Mercy Medical Center	3118089900
St. Louis Children's Hospital	9000640301
St. Louis University Health Sciences Center	4112193600
St. Louis University Hospital	4112195100
St. Lukes Hospital	0611862000
VA Medical Center	1114011101
VA Medical Center	1114046000

M:\memo\ Hospital phenol cleanup w061609.doc



SAINT LOUIS UNIVERSITY

April 20, 2009

Douglas M. Mendoza **Industrial Waste Engineer** Metropolitan St. Louis Sewer District Department of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913 (FAX #: 436-8753)

1402 South Grand Blvd. St. Louis, MO 63104-1085 Fax: 314-977-5560

www.slu.edu

Office of Environmental Safety & Services Environmental Safety Office (C307) 314-977-8608

05

Radiation Safety Office (RB5) 314-977-8609

SSM Cardinal Slennon 4112-1954-00

Quarterly Reports Of Radionuclide Discharge For The Period Jan. - March 2009

Dear Mr. Mendoza:

SUBJECT:

Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for all Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Todd Stirewalt (Anheuser Busch Eve Institute, Saint Louis University Hospital).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by Cardinal Glennon) will be incorporated into this report.

If you have any questions regarding these reports, please contact me at 977-6896.

Sincerely

Kevin Ferguson Health Physicist

RECEIVED

APR 27 2009

PART I: IDENTIFYING INFORMATION

MZZ

Company Name Cardinal Glennon Hospital Permit No: 4112-1954-00

Premise No: 1
Reporting Period:

1465 S. Grand, 63104

(JAN-MAR)

□(APR-JUNE)

□(JULY-SEPT)

□(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

24

I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print/type name of signing official: Kevin Ferguson	RECEIVED
Title: Health Physicist	Telephone: 977-6896 APR 2 7 2009
Signature:	Date: 4/20 /09 DIVISION OF ENVIRONMENTAL COMPLIANCE

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER SELF MONITORING REPORT

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: **IDENTIFYING INFORMATION**

Company Name: ST. MARY'S HEALTH CENTER

Permit No:

90093873-01

Premise Address: 6420 CLAYTON ROAD, ST. LOUIS, MISSOURI 63117

Monitoring Period:

[X] (JAN-MAR)

[] (APR-JUNE)

[](JULY-SEPT) [](OCT-DEC)

Samples Collected By:

WELLINGTON ENVIRONMENTAL CONSULTING AND CONSTRUCTION, INC.

Analyses Performed By:

TEKLAB, INC.

PART II: ANALYTICAL RESULTS	OF SELF	MON	IITORING					
MSD SAMPLE POINT REFERENCE NUMBER	>		003		004		006	de Carry
DATES ON WHICH SAMPLES WERE COLLECTED>		3/16/09 3/17/09		3/16/09 - 3/17/09		3/16/09 - 3/17/09		
TIMES AT WHICH SAMPLES WERE COLLECTED>		2:20 p.m. – 11:55 a.m.		2:20 p.m. – 11:55 a.m.		2:20 p.m. – 11:55 a.m.		UNITS
PARAMETER	LIMIT		RECORD SAMPLE TYPES (G,C,M, OR E) AND RESULTS BELOW $G = grab$, $C = composite$, $M = measured flow$, $E = estimated flow$					
FLOW		E	34,749	E	9,065	Е	116,346	GPD
BIOCHEMICAL OXYGEN DEMAND	***	С	83	С	217	С	198	mg/l
CHEMICAL OXYGEN DEMAND	***	С	239	С	655	С	409	mg/l
OIL AND GREASE	200	G	< 6	G	55	G	27	mg/l
рН	BETWEEN 5.5 - 11.5	G	9.4	G	9.4	G	8.1	
TEMPERATURE	60	G	17.9	G	20.0	G	21.7	°C
TOTAL SUSPENDED SOLIDS	***	С	42	С	278	С	112	mg/l
SILVER	0.5	С	< 0.0100	С	0.0420	С	<0.0100	mg/l
TOTAL TOXIC ORGANICS	5.52	G	-	G	-	G	*	mg/l
TIME AT WHICH GRAB SAMPLE WAS COLLECTED			2:25 p.m.		2:40 p.m.		2:55 p.m.	
						Ŗ	ECEIVE	1
							APR 1 3 2009	
							DIVISION OF	

You must complete and sign the certification statements on the reverse side.

ENVIRONMENTAL COMPLIANCE



	DADT III
March Street	PART III: SPECIAL CERTIFICATION STATEMENTS
	Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains so Special Conditions, then none of the certifications in Part III apply to you. GO ON TO PART IV.
	A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:
Western the State of the State	[] I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s)
	B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.
	C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:
	[] I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.
	D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:
	[] I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
1	E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification:
	[] I certify that the permitted facility does not discharge any wastes which are subject to pretreatment standards in 40 CFR
F	 Discharges subject to Pharmaceutical Categorical Standards (40CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification: I certify that the cyanide is not used or generated in any pharmaceutical manufacturing process subject to Categorical
,	Standards in 40 CFR 439.
	Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical and Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:
	[] Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.
F	PART IV: GENERAL CERTIFICATION STATEMENTS
lı	nitial statement A if it applies to you. Everyone must complete the information under statement B and sign this report.
Α	. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:
	[] In lieu of monitoring for TTO at sample point(s), I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.
В	. DISCHARGE MONITORING REPORT CERTIFICATION
W	certify under penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance vith a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry f the person or persons who manage the system, or those persons directly responsible for gathering the information, the information

Print or type name of signing official: Dale Wood

Title: Hauf Manager Telephone: (314) 768-8044

Signature: Lale Lawrence Date: 4-8-09

submitting false information, including the possibility of fine and imprisonment for knowing violations.

submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for

2

please read the instructions before completing this report ${\mathcal {ZR}}$

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PA	DT	1.

IDENTIFYING INFORMATION

	CCM CADDINAL OF THE					
Company Name: _	SSM CARDINAL GLEN	NONE HOSPITAL	9994			
Permit No:	41121954-00					
Premise Address:	1465 S. Grand Bly	d. St. Louis M	10 63103-1095			
Monitoring Period:	(JAN-MAR)	□(APR-JUNE)	□(JULY-SEPT)	□(OCT-DEC)		
Samples Collected	By: MIDWEST TESTIN	G LABORATORIES	INC			
Analyses Performe	d By: <u>MIDWEST TESTI</u>	Analyses Performed By: MIDWEST TESTING LABORATORIES INC				

PART II.

ANALYTICAL RESULTS OF SELF MONITORING

PART II: ANALYTICAL RESULTS	OF SELF	MONITORING			
MSD SAMPLE POINT REFERENCE NUMBERS	>	001	004		
DATES ON WHICH SAMPLES WERE COLLECTED	>	2/6/09	2/6/09		
TIMES AT WHICH SAMPLES WERE COLLECTED	>	9:05-2:05pm	9:20-2:20pm		
PARAMETER	LIMIT	15	PES (G, C, M OR E) AND te, M=measured flow, E		UNITS
FEON *		72K	7K		GPD
OIL & GREASE	200	23	15		mg/L
BOD	200	319	256		mg/L
, COD	****	441	380		mg/L
TOTAL SUSPENDED SOLIDS	****	208	297		mg/L
ŢEMPERATURE(Degrees C)	60	16.9	15.5		
pH (Std. Units)	5.5-1	6.76	7.79		
SILVER	.5	0.02	0.03		mg/L
*flows provided per pc w/ B. Frederich on 3-4-09.					
B. Frederich ON 3-4-09.					
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You must complete and sign the certification statements on the reverse side.

MAR 0 4 2009

PART III:

SPECIAL CERTIFICATION STATEMENTS



Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

	75 TH
ignature	3: Bool Lederich Date: 2/27/04
ītle:	Faculities Telephone: 577-5327
•	ype name of signing official: ByD Frederict
nd belie	age the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge of, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine isonment for knowing violations.
lesigned	under penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system. I to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons the system.
3. ·	DISCHARGE MONITORING REPORT CERTIFICATION
\	Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification: In lieu of monitoring for TTO at sample point(s)
nitial the	e box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.
PART	IV: GENERAL CERTIFICATION STATEMENTS
.	Discharges Subject to Categorical Standards for Electroplating (40 CFR-413); Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification: Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.
G.	I certify; since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards: in 40 CFR 439; e.
F.	Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification is:
	I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR
Ε.	If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification:
	make the following certification: I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
D.	If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to
C	If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification: I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.
	are required to make the following certification: I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.
8.	If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you
	certification: I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s)
A.	If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following

2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

Date: February 20, 2009 **Lab. No.:** 2009MT0175 **Invoice No.:** 290144

SSM CARDINAL GLENNONS CHILDREN'S HOSPITAL 1465 S. Grand Boulevard St. Louis, Missouri 63103-1095

ATTENTION: Mr. Bud Frederich

REPORT OF TESTS

SAMPLE MATRIX: Waste Water

SAMPLE I.D.: Sample Point Ref. Number: 001

Waste Water composite: 09:05 a.m. / 2-6-09 to 2:05 p.m. / 2-6-08

Grab Sample 9:05 a.m. / 2-6-09 Sample Point Ref. Number: 004

Waste Water composite: 09:20 a.m. / 2-6-09 to 2:20 p.m. / 2-6-09

Grab Sample 09:20 a.m. / 2-6-09

DATE ANALYZED: 2-6-09 to 2-20-09

RESULTS: mg/L OR PARTS PER MILLION (PPM)

ANALYTE	# 001	# 004	MDL	METHOD NUMBER
Oil & Grease	23	15	5	413.1
BOD	319	256	10	405.1
COD	441	- 380	10	410.1
TSS	208	297	5	160.2
Temperature (Degrees C)	16.9	15.5	.1	170.1
pH (Std Units)	6.76	7.79	.02	150.1
Silver	0.02	0.03	.01	272.1

MDL: Method Detection Limit

Identification of tested specimens provided by the client

MIDWEST TESTING LABORATORIES

DINESH N. SHAH Laboratory Manager

MAR 0 4 2009

The analysis and / or tests have been made and report prepared, based upon results from specific samples identified and supplied by the client or their representatives. We assume no responsibility for any extrapolation of data from the test results and relating such test results to any batch or lot or material from which we had no control of sample acquisition.

This report is furnished in strict confidence for the exclusive use of the client or the client's representative, and no distribution of all or part of the report shall be made to third parties without the prior written approval of the client or the client's representative ordering the work. Official reports will be provided only by Midwest Testing Laboratories, Inc. and will contain a raised seal to certify authenticity. Modification or reproduction of these reports by anyone other than Midwest Testing Laboratories. Inc. is prohibited.

If during or after the performing of these tests it is subsequently necessary for Midwest Testing Laboratories to recreate reports, assemble materials, gather additional information or perform other work with regard to these test results to assist in the preparation for any investigation, civil proceedings or criminal action, regardless of who makes such a request or issues a subpoena, client shall reimburse Laboratory for out of pocket expenses incurred in relation to such work. Client further agrees to compensate Laboratory for any such work which is required, including any time devoted to testifying in depositions, at hearings or in court.

Samples will be destroyed by the laboratory 30 days after the issuance of a formal report, unless the return of the samples to client or client's representative is specifically requested in writing.

:=:::::

2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

Date: February 20, 2009 **Lab. No.:** 2009MT0175 **Invoice No.:** 290144

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL 1465 S. Grand Boulevard St. Louis, Missouri 63104-1095

ATTENTION: Mr. Bud Frederich

REPORT OF TESTS

SAMPLE MATRIX: Water

SAMPLE I.D. : Waste Water

Sampling Point Ref. Number: 001 Grab, 09:05 a.m., 2-6-09

Sampling Point Ref. Number: 004 Grab, 09:20 a.m., 2-6-09

DATE ANALYZED: 2-11-09

RESULTS: ug/L OR PARTS PER BILLION (PPB)

VOLATILE ORGANICS EPA 600 METHOD 624

ANALYTE	SP# 001	SP#004	<u>MDL</u>
1,1,1,2-Tetrachloroethane	ND	ND	5.0
1,1,1-Trichloroethane	ND :	ND	5.0
1,1,2,2-Tetrachloroethane	ND	ND	5.0
1,1,2-Trichloroethane	ND	ND	5.0
1,1-Dichloro-2-propanone	ND	ND	5.0
1,1-Dichloroethane	ND	ND	5.0
1,1-Dichloroethene	ND	ND	5.0
1,1-Dichloropropene	ND	ND .	5.0
1,1'-Oxybis-ethane	ND	ND	5.0
1,2,3-Trichlorobenzene	ND	ND	5.0
1,2,3-Trichloropropane	ND	ND	5.0
1,2,4-Trichlorobenzene	ND	ND	5.0
1,2,4-Trimethylbenzene	ND	ND .	5.0
1,2-Dibromo-3-chloropropane	ND	ND	5.0
1,2-Dibromoethane	ND	ND	. 5.0
1,2-Dichlorobenzene	ND	ND	5.0
1,2-Dichloroethane	ND	ND	5.0
1,2-Dichloropropane	ND	ND	5.0
1,3,5-Trimethylbenzene	ND	ND	5.0
1,3-Dichlorobenzene	ND	ND	5.0
1,3-Dichloropropane	ND	ND	5.0
1,4-Dichlorobenzene	ND	ND	5.0
1,4-Dichloro-2-butene	ND ,	ND	5.0
1-Chlorobutane	ND	- ND	5.0 P F (
2,2-Dichloropropane	ND	ND	5.0
2-Butanone	ND	ND	10.0

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Page 1 of 3

The analysis and / or tests have been made and report prepared, based upon results from specific samples identified and supplied by the client or their representatives. We assume no responsibility for any extrapolation of data from the test results and relating such test results to any batch or lot or material from which we had no control of sample acquisition.

This report is furnished in strict confidence for the exclusive use of the client or the client's representative, and no distribution of all or part of the report shall be made to third parties without the prior written approval of the client or the client's representative ordering the work. Official reports will be provided only by Midwest Testing Laboratories, Inc. and will contain a raised seal to certify authenticity. Modification or reproduction of these reports by anyone other than Midwest Testing Laboratories. Inc. is prohibited.

If during or after the performing of these tests it is subsequently necessary for Midwest Testing Laboratories to recreate reports, assemble materials, gather additional information or perform other work with regard to these test results to assist in the preparation for any investigation, civil proceedings or criminal action, regardless of who makes such a request or issues a subpoena, client shall reimburse Laboratory for out of pocket expenses incurred in relation to such work. Client further agrees to compensate Laboratory for any such work which is required, including any time devoted to testifying in depositions, at hearings or in court.

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ANALYTE	SP# 001	Sp#004	<u>MDL</u>
2-chlorotoluene	ND	ND	5.0
2-Hexanone	ND	ND	5.0
2-Nitropropane	ND	ND	5.0
2-Propenic acid, methyl ester	ND	ND	5.0
2-Methoxy-2-Methylpropane	ND	ND	5.0
4-Chlorotoluene	ND	ND	5.0
4-Methyl-2-pentanone	ND	ND	5.0
Acetone	ND	ND	5.0
Acrolein	ND	ND	100.0
Acrylonitrile	ND -	ND	5.0
Allyl chloride	ND	ND	5.0
Benzene	ND	. ND	5.0
Bromobenzene	ND	ND	5.0
Bromochloromethane	ND	· ND	5.0
Bromodichloromethane	ND	ND	5.0
Bromoform .	ND	ND .	5.0
Bromomethane	ND	ND	. 5.0
Carbon disulfide	ND	ND	5.0
Carbon tetrachloride	ND	ND	5.0
Chlorobenzene	ND	ND	5.0
Chloroethane	ND	ND	5.0
Chloroform	ND	ND	5.0
Chloromethane	ND	ND	5.0
Cis-1,2-Dichloroethene	ND	ND	5.0
Cis-1,3-Dichloropropene	ND	ND	5.0
Dibromochloromethane	ND	ND	- 5.0
Dibromomethane	ND	ND	5.0 .
Dichlorodifluoromethane	ND	ND	5.0
Ethyl methacrylate	ND	ND	5.0
Ethylbenzene	ND	ND	5.0
Heptane	ND	ND	5.0
Hexachlorobutadiene	ND	ND	5.0
Hexane	ND	ND	5.0
Iodomethane	ND	ND	5.0
Isopropylbenzene	ND	ND	5.0
m,p-Xylenes	ND ·	ND	5.0
Methacrylonitrite	ND ·	ND	5.0
Methyl Methacrylate	ND	ND	5.0
Methylacrylate	ND	ND	5.0
	3.	Page 2 of 3	

Page 2 of 3

RECEIVED

MAR 0 4 2009

The analysis and / or tests have been made and report prepared, based upon results from specific samples identified and supplied by the client or their representatives. We assume no responsibility for any extrapolation of data from the test results and relating such test results to any batch or lot or material from which we had no control of sample acquisition.

This report is furnished in strict confidence for the exclusive use of the client or the client's representative, and no distribution of all or part of the report shall be made to third parties without the prior written approval of the client or the client's representative ordering the work. Official reports will be provided only by Midwest Testing Laboratories, Inc. and will contain a raised seal to certify authenticity. Modification or reproduction of these reports by anyone other than Midwest Testing Laboratories. Inc. is prohibited.

If during or after the performing of these tests it is subsequently necessary for Midwest Testing Laboratories to recreate reports, assemble materials, gather additional information or perform other work with regard to these test results to assist in the preparation for any investigation, civil proceedings or criminal action, regardless of who makes such a request or issues a subpoena, client shall reimburse Laboratory for out of pocket expenses incurred in relation to such work. Client further agrees to compensate Laboratory for any such work which is required, including any time devoted to testifying in depositions, at hearings or in court.

2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

ANALYTE	SP# 001	<u>SP#004</u>	<u>MDL</u>
Methylene chloride	ND	ND	5.0
n-Butylbenzene	ND	- ND	5.0
n-propylbenzene	ND	ND	5.0
Naphthalene	ND	ND	5.0
Nitrobenzene	ND	ND	5.0
o-Xylene	ND	ND	5.0
p-isopropyltoluene	ND	ND	5.0
Pentachloroethane	ND	ND	5.0
Propionitrile	ND	ND	5.0
Sec-Butylbenzene	ND	ND	5.0
Styrene	ND	ND .	5.0
Tert-Butylbenzene	ND	ND	5.0
Tetrachloroethene	ND	ND	5.0
Tetrahydrofuran	ND	ND	5.0
Toluene	ND	ND	5.0
Trans-1,2-Dichloroethene	ND	. ND	5.0
Trans-1,3-Dichloropropene	ND	ND	5.0
Trans-1,4-Dichloro-2-butene	ND	ND	5.0
Trichloroethene	ND	ND	5.0
Trichlorofluoromethane	ND	ND	5.0
Vinyl acetate	ND	ND	5.0
Vinyl chloride	ND	NQ	5.0

ND: Not Detected / MDL: Method Detection Limit

Identification of tested specimens provided by the client.

MIDWEST TESTING LABORATORIES

DINESH N. SHAH Laboratory Manager

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2645 Gravois Avenue · St. Louis, MO 63118 · (314) 773-3035 · FAX (314) 773-3519

Date: February 20, 2009 Lab No.: 2009MT0175

Invoice: 290144

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL

1465 S. Grand Boulevard

St. Louis, Missouri 63104-1095

ATTENTION: Mr. Bud Frederich

REPORT OF TESTS

SAMPLE MATRIX: Water

SAMPLE I.D. : Waste Water

Sample Point ref. Number: 001: Grab @ 09:05 a.m., 2-6-09 Sample Point ref. Number: 004: Grab @ 09:20 a.m., 2-6-09

DATE ANALYZED: 02-17-08

METHOD REF. : EPA 600 METHOD 625

RESULTS: mg/L OR PARTS PER MILLION (PPM)

SEMI - VOLATILE ORGANICS

ANALYTE	SP# 001	SP# 004	MDL
bis- (Chloromethyl) – ether	ND	ND	0.010
Pyridine	ND	ND	0.010
Aniline	ND	. ND	0.010
Benzyl alcohol	ND	ND	0.010
Phenol	ND	ND	0.010
2-Chlorophenol	ND	ND	0.010
bis-(2-Chloroethyl) ether	ND	ND	0.010
N-nitrosodimethylamine	ND	ND	0.010
bis- (2-Chloroisopropyl) ether	ND	ND	0.010
N-Nitroso-di-n-propylamine	ND	ND	0.020
1,3-Dichlorobenzene	ND	ND	0.010
1,4-Dichlorobenzene	ND	ND	0.010
1,2-Dichlorobenzene	; ND	ND	0.010
o-Cresol .	ND	ND	0.010
m,p-Cresol	ND	ND	0.010
Hexachloroethane	ND	ND	0.010
Nitrobenzene	ND ·	ND	0.010
2,4-Dimethylphenol	ND	ND	0.010
4-Chloroaniline	ND ·	ND	0.010
2-Nitrophenol	ND	ND .	0.010
2,4-Dichlorophenol	ND ·	ND	0.010
Benzoic acid	ND	ND	0.050
4-Chloro-3-methylphenol	ND	ND	0.010
bis (2-Chloroethoxy) methane	. NĎ .	ND	0.010
Isophorone	ND	ND ·	0.010

Page 1 of 3

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Page 2 of 3

MAR 0 4 2009

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ANALYTE	SP# 001	SP# 004	MDL .
Dibenzo(a,h)anthracene	ND	ND .	0.010
Indeno(1,2,3-cd)pyrene	ND	ND	0.010

ND: Not Detected / MDL: Method Dection Limit

Identification of tested specimens provided by the client.

MIDWEST TESTING LABORATORIES

shorthun

DINESH N. SHAH

Laboratory Manager

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Date: February 20, 2009 **Lab. No.:** 2009MT0175 **Invoice No.:** 290144

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL 1465 S. Grand Boulevard

St. Louis, Missouri 63104-1095

ATTENTION: Mr. Bud Frederich

REPORT OF TESTS

- SAMPLE MATRIX : Waste Water

SAMPLE I.D. : Sample Point ref. Number 001: Grab @ 09:05 a.m., 2-6-09

Sample Point ref. Number 004: Grab @ 09:20 a.m., 2-6-09

DATE ANALYZED: 2-19-09

RESULTS: ug/L OR PARTS PER BILLION (PPB)

ORGANOCHLORINE PESTICIDE ANALYSIS SW-846 METHOD 8081

ANALYTE	SP# 001	SP#004	MDL
Aldrin	ND .	ND	0.05
alpha-BHC	- ND	ND	0.05
beta-BHC .	ND	ND	0.05
gamma-BHC (Lindane)	ND	ND	0.04
delta- BHC	ND	ND	0.05
Chlordane	ND	ND	0.14 :
4,4'-DDD	ND	ND	0.05
4,4'-DDE	ND	ND	0.05
4,4'-DDT	ND.	ND	0.05
Dieldrin	ND	ND	0.05
Endosulfan I	ND	ND	0.05
Endosulfan II	, ND	ND	- 0.05
Endosulfan Sulfate	ND	ND	0.05
Endrin	ND	ND	0.06
Endrin Aldehyde	ND .	ND	0.05
Heptachlor	ND	ND	0.04
Heptachlor Epoxide	ND .	ND	0.20
Methoxychlor	ND	ND	0.06
Toxaphene	ND ···	ND	0.50
AROCHLOR-1016	ND .	ND	0.50
AROCHLOR-1221	ND	ND	0.50
AROCHLOR-1232	ND	ND	0.50
AROCHLOR-1242	ND	ND	0.50
AROCHLOR-1248	ND	ND	0.50
AROCHLOR-1254	ND.	ND	0.50
AROCHLOR-1260	·ND	ND	_0.50

ND: Not detected / MDL: Method Detection Limit

MAR 0 4 2009

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SSM Cardinal Menn

1402 South Grand Blvd. St. Louis, MO 63104-1085 1-23 Fax: 314-977-5560

www.slu.edu

SAINT LOUIS UNIVERSITY

January 20, 2009

41121954-00

Office of Environmental Safety & Services Environmental Safety Office (C307) 314-977-8608

Х'n

Radiation Safety Office (RB5)

314-977-8609

Douglas M. Mendoza
Industrial Waste Engineer
Metropolitan St. Louis Sewer District
Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(FAX #: 436-8753)

SUBJECT: Quarterly Reports Of Radionuclide Discharge For The Period Oct. - Dec. 2008

Dear Mr. Mendoza:

Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for <u>all</u> Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Todd Stirewalt (Anheuser Busch Eye Institute, Saint Louis University Hospital).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by Cardinal Glennon) will be incorporated into this report.

If you have any questions regarding these reports, please contact me at 977-6896.

Sincerely,

Kevin Ferguson Health Physicist

RECEIVED

JAN 23 2009

PART I: IDENTIFYING INFORMATION

55M

Permit No: - 4/1/Z - 1954 - 00
Premise No: 1465 S. Grand, 63104

Reporting Period:

os s. Granu, os104 □(JAN-MAR)

□(APR-JUNE)

□(JULY-SEPT)

(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

Δ	CERTIFIC ATION O	F COMPLIANCE WITH	STATE AND FEDER	AL REGI	TLATIONS
Δ.	CERTIFICATION O	COMEDIANCE WILL	SIAIL AND ILUUN	$\Delta L = L \cup I$	

A

I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

	RECEIVED
Print/type name of signing official: Kevin Ferguson	
Title: Health Physicist	Telephone: 977-6896 AN 2 3 2009
Signature:	Date: // 2 DIVISION OF
	ENVIRONNIENTAL COMPLIANCE

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL FACILITY REINSPECTION REPORT

Comp	any: SSM Cardinal Glennon Childrens	Hospital		Account #:	4112195400		
Prem	ise Address: 1465 South Grand Boule	63104					
MSD Classes: SIU X CIU Surcharge Potential Toxic Waste Non-Toxic Waste							
No Process Flow Multi-User Special Handling/Billing							
Comp	any Representative: Kevin Smith						
Title	e: Facilities Supervisor			Phone#: 314-6	78-2035		
Insp	ector: D. Kupke						
	rs Present: None						
Insp	ection Date: 11/13/08 Time: From	09:26 am	To 11:0	08 am (Last In	1/25/08		
NOTE:	ALL ITEMS ARE TO BE COMPLETED BASED O INFORMATION PROVIDED BY COMPANY DURING						
**	* DATABASE ALSO UPDATED WITH APPROPRI	ATE CHANGE	S - see	attached databa	se reports ***		
1.	A. ARE THERE ADDITIONAL ACCOUNT NUM List them, note any changes:	BERS?			Yes□ No⊠		
	B. Were all acct no's verified & ac	tive on hi	lling ev	stem (or correct	edla vecM NoD		
	C. Did all acct no's have water usa	ge on PIMS	ng by ?	beem (or correct	Yes No		
	D. If no to B or C, explain:	J	•		1622		
	-				a ·		
2.	PROCESSES & CLEANUP/WASHDOWN:	Cont/	Water	- 4 2			
		Batch	Used?	of discharge	Sample pt.		
	Hospital waste-x-ray and laboratory	Batch	Yes	daily	SP001, SP004,		
	services				SP005		
	Kitchen waste-dietary	Batch	Yes	daily	SP001		
	Boiler blowdown	Batch	Yes	daily as	SP001		
	0-14			needed	1 . 1 . 1		
	Cooling tower blowdown	Batch	Yes	daily as needed	SP001		
	Noncontact cooling water - Autoclaves	Batch	Yes	daily	SP005		
	·	(None)	N/A				
2	TAD THE TAR DIMENSION ()						
3.	PRETREATMENT (other than grease traps) -	describe:			Sample pt.		
}	Electrolysis, Metallic replacement				SP001,SP004		
}			······································	7			
Į.					· ·		
4.	DOES COMPANY HAVE ANY GREASE TRAPS?				Yes⊠ No□		
If ye				0 74 137			
	B. What is the frequency for cle			e? Monthly	5		
	C. Are enzymes (not bacteria) used in traps? D. If yes to C, was co. told to stop or switch to approved bacteria? Yes No						
	E. Was co. informed that MSD perform	y or switch	co appro-	ved bacteria?	Yes No		
	E. was co. Informed that has perfort	ns separate	grease t.	rap inspections:	Yes⊠ No□		
5.	HAS COMPANY CONSTRUCTED ANY NEW BLOG	S OR ADDIT	TONS STN	CE THE LAST INC	P? Yes□ No⊠		
5. HAS COMPANY CONSTRUCTED ANY NEW BLDGS OR ADDITIONS SINCE THE LAST INSP? Yes No If yes: A. Did company notify MSD Engineering's Plan Review group? Unknown Yes No							
-	B. If no or unknown, has inspecte	or notified	d Plan Re	eview group?	Yes No		
	C. Comments:			3 - 1			
6.	HAS COMPANY BEGUN DISCHARGING ANY NE	W DOLLIMAN	TO CINCE	miin iaam tyana	v		
If ye		w POLLUTAN	IS SINCE	THE LAST INSP?	Yes□ No⊠		
/	B. Will MSD STP exceed existing I	NPDES disch	narge li	nit(s)?	Yes No		
	C. Will MSD STP's discharge excee	ed 0.1 mg/1	for an	urcis): V new nollutant:	? Yes No		
	(MSD must notify MDNR if B or	C is ves	and disc	harge will conti	inue.)		
	D. Comments:						

(07/08)

	RE THERE ANY FEDERALLY REGULATED (40 CFR 405-471) OPERATIONS? : A. List reg. & describe (including any discharge):	Yes⊠ No□
	40 CFR 460 general standards only hospital waste from its laboratory services.	x-ray and
	OES CATEGORICAL WASTEWATER COMBINE WITH NON-CAT. WW PRIOR TO SAMPLING? : A. At which points?	Yes No
II yes.	B. Current applied factor: C. If no, list correct factor/explain? Is it correct?	Yes No
-	S ANY WASTEWATER SUBJECT TO PRODUCTION OR MASS BASED STANDARDS? : A. At which points?	Yes No
II jes.	B. Since calculation of the current limits, has the long term avg production rate or discharge volume changed by 20% or more? C. If yes to B, explain:	Yes No
10. ARI	RE ANY RADIOACTIVE MATERIALS HANDLED?	Yes⊠ No□
	: A. Describe operations & disposal: radioisotopes injected into p	atients the
	syringes are taken back to SLU h	
	B. Does company have MSD authorization for disposal to sewer? NA[C. Original authorization date: 7/8/94	_ Yes⊠ No[
	D. Date of latest notification of increase: None	
	E. Average annual amount discharged: 0	
	F. Has long term annual amt increased >20% from approved/notified (If yes, require written notification, with reason for increase)	Yes No
11. DOI	OES PROCESS Or P&E WASHDOWN WATER USE APPEAR EXCESSIVE?	Yes□ No⊠
11. DOI	. Explain how use was verified & any needed changes:	Yes∏ No⊠
	Explain how use was verified & any needed changes: Tour of the facility revealed no excessive water usage. The ho	ospital uses
	Explain how use was verified & any needed changes: Tour of the facility revealed no excessive water usage. The hosignificant amounts of water for its cooling tower and boiler opera	ospital uses
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12. DOI If yes: B. 13. HAS	Explain how use was verified & any needed changes: Tour of the facility revealed no excessive water usage. The hosignificant amounts of water for its cooling tower and boiler operathe hospital uses water from its department activities such as laboratory, and x-ray services. OES COMPANY APPEAR TO HAVE SOME WATER THAT IS NOT DISCHARGED TO SEWER? A. Describe: Lawn irrigation and evaporative loss from its boiler tower operations. Was "Return Factor Program" brochure given to company? (regardless of whether some water is not discharged to sewer) OES COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? A. Sample Is problem resolved? Pollutant When Points Yes/No Describe N/A N/A N/A	ospital uses tions. Also, its dietary, Yes No and cooling

2

14.		COMPANY EXCEEDED O					rs	SINCE			NAX	Yes[] N	0
If ye		A.		Sampl										
J.		Pollutant	When	Point				Describ						
	i		T	101110			<u> </u>	Deserra		-				
						N/A	-							
						N/A	+							
			ļ			N/A	_							
			ļ			N/A	_							
			<u> </u>			N/A								
	_		<u>L</u>			N/A	\perp							
		Comments:	- Alle Alexander										_	
15.		E THERE BEEN ANY PI							15			Yes[N	$\circ \boxtimes$
If ye	es:	A. Upsets? By					ti	es?[_]						
			ug dischar		01	ther?								
		B. Explain any mar	:ked:											
													_	
16.		ANY SOLVENTS USED.	?									Yes🏻	-	
If y	es:	A. Solvent name							Prio:	-		413/4	33/	469
	i	& components	Used for?			How dis	ро	sed?	Poll	ıtant	?	Proce	ss	?
		Methylene	lab reage	nt		hauled	of	fsite	Yes] No[J	Yes_	No	»X
		Chloride									1			- 1
		Xylene, Acetone	lab reage	nt		hauled	of	fsite,	Yes] No[>	3	Yes	No	
						evapora	te	s			l			
		Phenol	disinfect	ant		evapora	te	S	Yes	No]	Yes	No	
									Yes	No	1	Yes		
	ſ								Yes	No	-	Yes	No	<u>, </u>
				-man					Yes	No	=	Yes	No	
	•		J			······································				<u> </u>	=	- Land		
17.	COU	LD SPILLS OR LEAKS	OF STORED	CHEMICA	LS, V	VASTES C	R	PROCESS				Yes[l N	oX
	MAT	ERIALS EASILY REACH	H SANITARY	SEWERS	OR ST	CORM DRA	IN	IS?					J	- 63
If ye	es:	A. What needs to b	e done?											
If no):	B. How are they co	ntrolled?											
		Water treatment	chemical:	s for i	.ts c	ooling	to	wer and	d boil	Ler c	pera	tions	h	ave
		sufficient cont	cainment fo	rom ent	erino	into	th	e sewer	svst	em.	All	labor	at	orv
		solvents are st	ored in ap	proved :	labor	atory c	ab	inets.						
18.	ARE	THERE ANY AREAS WE	HERE COMPAN	Y ACTIV	ITIES	IMPAIR	S	TORMWAT	ER RU	NOFF?		Yes	l N	oXI
If ye	es:	A. Describe:											.	- 12.31
		B. What needs to b	e done?											
	C.	Was "Illicit Storm	water Disc	harges"	broc	hure gi	ve	n to co	mpany?	•		Yes	1 พ	\Box
		(regardless of whe	ther there	are any	v pro	blem ar	ea	s)					y	
								<u>~</u> ′						
19.	DOE	S COMPANY HAVE ANY	SPILL, SLU	G. OR S	OLVEN	IT MANAG	FΜ	ENT PLA	NS (SMI	D) 2		Yes	1 NT	ر ا
If ye	s:	A.		MP?	Las			opy in Fi		pdate	e nes		3 TA.	لــا
-		Title		13/433		date		SMP only		xpla:				
				/A		25/97		N/A			* 11 T T	уев		 7
		and Management	. CCLLUIS IN	/ ***	''	53/3/		IN/A		lo				
		Tanagement	- NT	/A	-			NT / D		1/2				
	R	Are any Plans need			_ 	go 1:		N/A	7/2	/A		,, ,	1	
		(If yes, write com	pany and r	equest)	o cho	sc 115[6	ea	ın Pari	L A)?			Yes_] No	∘⊠

20.	HAZ	ARDOUS WASTES:	
	Α.	Was the company informed/reminded that solid & hazardous waste management regulations (RCRA) exist and may potentially apply to industrial users?	Yes⊠ No□
	В.	Is there any discharge to the sewers of hazardous waste which has not been previously reported to MSD (under 40 CFR 403.12(p))? If yes to B, list haz wastes:	Yes∏ No⊠
	D.	Was the company provided with a "Public Notice/Haz. Waste Discharge Notification" form for the above regulations? (regardless of whether there are any discharges)	Yes⊠ No□
	E.		
21.	ARE A.	EMERGENCY NOTIFICATION PROCEDURES POSTED THAT INCLUDE MSD CONTACTS? Was company provided notification cards & told to post where emergency response personnel can locate them? (Must post if co. generates process wastewater or stores chemicals of	Yes No
22. If y		COMPANY REQUIRED TO SELF-MONITOR ANY OF THEIR DISCHARGES? A. Is requirement contained in permit or other document . B. If other document, date & description: C. How frequently is sampling required? quarterly	Yes⊠ No□
		D. How frequently are reports required? <pre>quarterly</pre> E. Have reports been on-time, complete & signed by proper person? F. If no, explain:	Yes⊠ No□
23. If y		S COMPANY SELF-MONITOR ITS WASTEWATER DISCHARGE? A. Is the self-monitoring required by MSD? B. Are representative grab/comp samples collected? C. Does sample collection time period match company's production shifts (is it representative)?	Yes No No Yes No No Yes No No
		D. Are EPA-approved 40 CFR 136 wastewater test methods used? E. If no to B, C, or D, explain needed changes:	Yes No
24.		S CO. CONTINUOUSLY MONITOR & RECORD AT SP FOR pH, TEMP, LEL?	Yes□ No⊠
II À	es:	A. At which SPs? B. Does company submit quarterly summaries? C. If no, explain:	Yes No
25. If y		S MSD SPLIT SAMPLES WITH THE COMPANY? A. Is company having the samples analyzed	Yes No
		 B. How does company insure proper preservation, holding times & analytical methods? C. Has company submitted results of all split sample analyses since the last insp? D. Have results been submitted within 28 days of the collection's calendar quarter? 	Yes No
	G.	E. If no to C, or D, explain: F. Does company still want to split samples? Comments:	Yes No
26.	TO S	COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS SUBMIT COMPLIANCE SCHEDULE REPORTS?	Yes□ No⊠
If y	es:	A. Type and date: B. Have the reports & actions been on-time & complete? C. If no, explain:	Yes No
27.	(Som	COMPANY: IS CO. IN COMPLIANCE W/APPLICABLE NESHAP REGS FOR WW DISCHARGES? Le MDNR-issued Title V air permits for specific processes allow pre-approved ischarge.] [City/County-issued air permits are not NESHAP permits.]	Yes No
If no	0:	A. Describe: B. Was MDNR Air Pollution Control informed? (must be done)	Yes No

4

28. If n						AT LEAST 5 YEARS?	Yes⊠	No
X1 11	If no: A. How long does company retain records? B. Was company told to retain for at least 5 years, per ordinance? Yes No						поП	
						ds are kept in Bud Freder		
					in office	***************************************		
						Yes 🗌	Ио⊠	
If yes: A. Indicate correct classifications: SIU						_		
						I Toxic Waste	ic Waste	: Ц
	B		in changes:		paer [] spec	cial handling/Billing [
	υ.	DAPIC	tin changes					
30.	SAMPLE	E POIN	rs				DJ	(y/n)
	SP #	001	Fed.Reg.		Components:	Hospital waste, Kitchen	**************************************	No
					*		tower	
						blowdown, Boiler blo	owdown,	
						Storm water		
	SP #	004	Fed.Reg.		Components:	Hospital waste, Sanitary, water	Storm	No
	SP #	005	Fed.Reg.		Components:	Hospital waste, Sar	nitary,	No
					•	Noncontact cooling water,		
	SP #		Fed.Reg.		Components:			N/A
					1			1.7.2
	SP #		Fed.Reg.		Components:			N/A
		<u> </u>						
31.	ARE AN	IY SAMI	PLE POINTS	TRAPPED VENT	rs?		Yes	NoX
If ye	es: A.						169	11023
_	В.	Was c	o. informed	I that T-ven	ts are prefer	cred, and told why?	Yes 🗌	No
								-
32.					REGULAR ENOU	GH TO ALLOW GRAB SAMPLES?	Yes[No 🛛 🐇
II Ye	es: A.	List	SPs and rea	sons:				:
33.	אוסופי יחינו	ור סכי או	IV IIMOAMDI DI		ra /ligh soch	lateral separately)	77	ar - 571
ا .	Dummy			······································	o: (IISC Each	racerar separatery)	Yes	NON
	Dummy		 	oonents:				
	Dunning	DI W	I COMP	onencs.				
34.	DO ANY	SAMPI	E POINTS (i	including Un	sampled/Dummy	y SPs) RECEIVE STORMWATER?	VesX	No
	es: A.	List	Sample Poin	ts: SP001	, SP004, SP00	5	1002	
			_					
35.	WERE	ALL SA	MPLE POINTS	(except fo	r Dummy SPs)	OPENED AND INSPECTED?	Yes⊠	No
	A. I	f any	SPs cannot	be located	or opened, ex	cplain:		
	B. I	fany	SP descript	's need to	be changed, e	explain:		
	C. W	as ANY	grease or	other probl	em/debris obs	served in any SP?	Yes 🗌	$No \boxtimes$
				SPs & descr		corrective actions?	🗀	(
	11. 1	r yes	co c, was c	company dire	cted to take	corrective actions?	Yes 🗌	иоП
36.	REVIEW	THE S	AMPLE POINT	MAP!		Last map revision date: 1	/25/08	
	A. Is	the m	ap correct	and accurat	e in <u>all</u> its	details?	Yes⊠	ΝοΠ
	B If	no, w	hat changes	are needed	:			
37.					to Sampling'		Yes[$No \boxtimes$
T.E	FIELD	VISIT	"Special In	structions"	NEED REVISIO	ON?		
τι ye	s: A.	List	needed chan	ges:	-			
USE T	HIS SPA	CE FOR	ANY OTHER C	COMMENTS/OBSI	ERVATIONS PERT	INENT TO YOUR INSPECTION OF	THIS ST	TE.

5

OPOLITAN ST. LOUIS SEWER DISTRIC INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL

PRIMARY MSD ACCOUNT NO.

4112195400

Premise Address

1465 South Grand Blvd. St. Louis MO. 63104

03/06/1997 03/06/1997

SILI

Base Map 20F3

Wun:St. Louis City & Co. Grid: H 21 Page 38

POTM Reasonable potential for adverse affect

Office Mailing Address

1465 South Grand Blvd St. Louis, MO, 63104-1095

Billing Address

1465 South Grand Blvd. St Louis, MO. 63104

Next Due Insp Rslt

11/13/2008 RIN David Kupke Issue Date: 05/01/2005 Expire Date: 04/30/2010 Extended Date: 12/31/2007

Writer Fabian Grabsk 03/01/2008 Issue Date: Expire Date: 04/30/2010

Extended Date:

Writer

Writer Scott Rehmer Issue Date: 01/01/2008 Expire Date: 04/30/2010 Extended Date: 02/29/2008

Scott Rehmer

IUQ Recvd Date: 10/29/1999 Reviewer: Fabian Grabski 12/20/2004 IUQ Recvd Date: Reviewer: David Kupke

BILL **Bud Frederich** FLDI **Bud Frederich** FLD2 **Kevin Smith**

Kevin Smith

FLD3

OFF1

OFF2

Facility Manager Facilities Supervisor Jack Mitchell Maintenance Mechanic **Bud Frederich**

Facility Manager **Facility Supervisor**

Facility Manager

(314) 577-5327 Ext. OFF **OFF** (314) 577-5327 Ext. **OFF** (314) 678-2035 Ext. OFF (314) 577-5600 Ext.

OFF

OFF

(314) 577-5327 Ext. (314) 678-2035 Ext.

Work Days: 7 S w Т F. S 08:00AM Y 600 8.0 Y V 1 2 04:00PM 400 8.0 Y V Y ٧ 3 350 12:00 AM 80

Total Emp: 1,350 Hrs: 24.0

On-Site Storage On-Site Disposal

Off-Site Disposal

09/29/1997 MOD075904839 EPA - Hazardous Waste Program 11/03/1997 **Nuclear Regulatory Commission** 24-00196-07 001310 11/10/2000 MDNR - Hazardous Waste Program 00208068 09/28/2005 MSD - Billing Account Number

EFF DATE

MATERIAL_DESCRIPTION

QUANTITY UNIT

SIC DESCRIPTION

8069 Specialty Hospitals, Except Psychiatric

EFF 05/07/2004

COMMENTS

DESCRIPTION General hospital

UNIT

AVG PROD MAX PROD

Report No. PIMS012A

12/02/2008

10:52:11 am

Data Date & Time:

12/02/2008

10:52:11 am

ME OPOLITAN ST. LOUIS SEWER DISTRICTION INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL
NO. 4112195400 Premise Address

PRIMARY MSD ACCOUNT NO.

1465 South Grand Blvd. St. Louis MO. 63104

wer Accounts	Start Date	e = 07/01/20	07 End Date =	12/02/	2008	Wda	ivs	Cdavs			
12195400	Acct. No.			Co	nsumption					Disc	harge
	4112195400			CCF's	Gallons				•	Gal/ Wdav	Gal/ Cdav
	4112195400	04/18/2007	07/18/2007	15,510	15,510	Α	92	92		92	
	4112195400	07/19/2007	10/16/2007	15,450	30,960		90	90	1	82	
	4112195400	10/17/2007	01/28/2008	8,360	39,320	1	104	104	2	286	
	4112195400	01/29/2008	04/21/2008	4,370	43,690		84	84	3	370	
	4112195400	04/22/2008	07/16/2008	24,090	67,780		86	86	4	156	
	RF	0.79 Acct.	. Total	67,780	50,702,965			456	456	87,841	87,841
		Facility '	Total	67,780							

Report No. PIMS012A Data Date & Time:

12/02/2008

12/02/2008

10:52:11 am 10:52:11 am

OPOLITAN ST. LOUIS SEWER DISTRIC INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL
Premise Address

PRIMARY MSD ACCOUNT NO. 4112195400

1465 South Grand Blvd. St. Louis MO. 63104

01 Sanitary Or	l Type r Combined	20F3 350C	Trunk S	Sewer Rock Sp	rings		
Description Line from b	building northwest to Vista Av.						
Sewer Route West on Vi	ista to 39th St, continuing West						
SAMPLE POINT NO. 001	Ordinance	NPDE	S Outfal	li No.			
Description MH on s	sidewalk S of Vista Ave., E of over	head walkway, Flow fi	rom SE				Effective
Discharge Components	Process Description	Avg Flow	Unit	Max Flow	Unit	RUD	Date
Storm Water	•	0			GPD	D	1/25/08
Sanitary		34,000			GPD	D	2/15/08
Hospital Waste		25,115			GPD	D	2/15/08
Kitchen Waste		8,000	GPD		GPD	D	2/15/08
Boiler Blowdown		1,785	GPD		GPD	D	2/15/08
Cooling Tower Blo		1,770	GPD		GPD	D	2/15/08
	Total Flow Avg =	70,670	. 1	Max =			
(O885) (O855) 547; (1					усровности	odoo8000000000000000000	
LATERAL NO. Latera		DSMH Tr	eatment .	Area Bissell I	Point		
03 Sanitary O	r Combined	20F3 360C	Trunk S	Sewer Rock Sp	orings		
Description 8" line exit	ting NW from SW main hospital						
Sewer Route N along Sp	oring, W along Vista,to 39th St,						
SAMPLE POINT NO. 004	4 Ordinance	NPDE	ES Outfal	ll No.			
Description MH 3' V	W from SW corner of emergency bu	ilding					Effective
Discharge Components	Process Description	Avg Flow	Unit	Max Flow	Unit	RUD	Date
Storm Water		0			GPD	D	1/25/08
Sanitary		4,000			GPD	D	2/15/08
•	y, and laboratory services	•	GPD		GPD	D	2/15/08
-	Total Flow Avg =	7,000		Max =			
		.,					
	21 KO KU 1 NKORNA 108	, 	oobsessebaadkellitelijkelijk	35355000000000000000000000000000000000	500000d0dddddddddddddddd	190900031000000000000000000000000000000	200000000000000000000000000000000000000
LATERAL NO. Latera	al Type	DSMH Tr	eatment			950 <u>960250000000000000000</u>	
LATERAL NO. Latera		, 	eatment Trunk			999900000000000000000000000000000000000	
LATERAL NO. Latera 04 Sanitary O	al Type	DSMH Tr				99 <u>-9-099</u>	
LATERAL NO. Latera 04 Sanitary O Description 8" lateral e	al Type or Combined	DSMH Tr					
LATERAL NO. Latera 04 Sanitary O Description 8" lateral e	al Type or Combined exiting W from North side West sta Ave., West on Vista to 39th 5	DSMH Tr 20F3 350C		Sewer Rock Sp			
LATERAL NO. Latera 04 Sanitary O Description 8" lateral e Sewer Route N onto Vis SAMPLE POINT NO. 005	al Type or Combined exiting W from North side West sta Ave., West on Vista to 39th 5	DSMH Tr 20F3 350C	Trunk	Sewer Rock Sp			k ffective
LATERAL NO. Latera 04 Sanitary O Description 8" lateral e Sewer Route N onto Vis SAMPLE POINT NO. 005 Description Manhole	al Type Or Combined exiting W from North side West sta Ave., West on Vista to 39th 9	DSMH Tr 20F3 350C NPDI of the west building	Trunk	Sewer Rock Sp		RUD	Effective Date
LATERAL NO. Latera 04 Sanitary O Description 8" lateral e Sewer Route N onto Vis SAMPLE POINT NO. 005 Description Manholo Discharge Components	al Type or Combined exiting W from North side West sta Ave., West on Vista to 39th 5 Ordinance te 12' N, 10' E from the NW corner	DSMH Tr 20F3 350C NPDI of the west building Avg Flow	Trunk:	Sewer Rock Sp	prings	RUD D	
LATERAL NO. Latera 04 Sanitary O Description 8" lateral e Sewer Route N onto Vis SAMPLE POINT NO. 005 Description Manhole Discharge Components Storm Water	al Type or Combined exiting W from North side West sta Ave., West on Vista to 39th 5 Ordinance te 12' N, 10' E from the NW corner	DSMH Tr 20F3 350C NPDI of the west building Avg Flow	Trunk: ES Outfa Unit	Sewer Rock Sp	prings Unit		Date
LATERAL NO. Latera 04 Sanitary O Description 8" lateral e Sewer Route N onto Vis SAMPLE POINT NO. 005 Description Manholo Discharge Components Storm Water Sanitary	al Type or Combined exiting W from North side West sta Ave., West on Vista to 39th 5 Ordinance te 12' N, 10' E from the NW corner	DSMH Tr 20F3 350C NPDI of the west building Avg Flow 0 1,400	Trunk: ES Outfa Unit GPD	Sewer Rock Sp	unit GPD	D	Date 1/25/08
LATERAL NO. Latera 04 Sanitary O Description 8" lateral e Sewer Route N onto Vis SAMPLE POINT NO. 005 Description Manholo Discharge Components Storm Water Sanitary Non Contact Coolin Autorate	al Type or Combined exiting W from North side West sta Ave., West on Vista to 39th 5 Ordinance te 12' N, 10' E from the NW corner Process Description	DSMH Tr 20F3 350C NPDI of the west building Avg Flow 0 1,400 600	Trunk: ES Outfa Unit GPD GPD	Sewer Rock Sp	Unit GPD GPD	D D	Date 1/25/08 2/15/08

Report No. PIMS012A

001 12/29/1998 DC20

02/20/2003 DC28

12/02/2008

Electrolysis

Grease Trap

001 12/29/1998 DC32 Metallic Replacement

03/03/2004 DC32 Metallic Replacement

10:52:11 am

Data Date & Time:

001

004

12/02/2008

10:52:11 am

OPOLITAN ST. LOUIS SEWER DISTRIC INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME

PRIMARY MSD ACCOUNT NO.

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL
T NO. 4112195400 Premise Address

4112195400

1465 South Grand Blvd. St. Louis MO. 63104

Pollutant Description Status Pollutant Description Status Pollutant Description Status Silver (Total) KP Mercury (Total) KP Phenol KP 2,4-Dinitrophenol KP Methylene Chloride KP Chloroform KP						
2.4-Dinitrophenol VP Methylene Chloride VP Chloroform VP	Pollutant Description	<u>Status</u>	Pollutant Description	<u>Status</u>	Pollutant Description	<u>Status</u>
2,4-Dinitrophenol KP Methylene Chloride KP Chloroform KP	Silver (Total)	KP	Mercury (Total)	KP	Phenol	KP
	2,4-Dinitrophenol	KP	Methylene Chloride	KP	Chloroform	KP

Report No. PIMS012A Data Date & Time:

12/02/2008

12/02/2008

10:52:11 am 10:52:11 am

For Account Number

Located at

4112195400

PIMS FACILITY CONTACTS SSM CARDINAL GLENNON CHILDREN

1465 South Grand Blvd.

St. Louis

MO 63104

Address Type

Contact Type	Co	ontact Name	Contact Title	Phone	Number	Ext.
Billing Address						
Billing Contact	Bud	Frederich	Facility Manager	OFF	(314)577-5327	
Office Mailing Address						
Office Contact - Primary	Bud	Frederich	Facility Manager	OFF	(314)577-5327	
Office Contact 1st Alt	Kevin	Smith	Facility Supervisor	OFF	(314)678-2035	
Premise Address						
Field Contact - Primary	Bud	Frederich	Facility Manager	OFF	(314)577-5327	
Field Contact 1st Alt	Kevin	Smith	Facilities Supervisor	OFF	(314)678-2035	
Field Contact 2nd Alt	Jack	Mitchell	Maintenance Mechanic	OFF	(314)577-5600	

1

PIMS REPORT OF FIELD SAMPLING REQUIREMENTS SSM CARDINAL GLENNON CHILDREN'S HOSPITAL

Account No Entered 4112195400

SPN	PREI	MISE ADDRESS	CITY	ST ZIF	
	1465	South Grand Blvd.	St. Lou	ıis MO 63	104
001 Project Code: Pollutant Group	IM = I Poll Code	PD - Company - MSD Pollutant Description	Frequency	Sample Type	End Date
	1208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2009
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2009
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2009
	T237000	pН	Once/year	Grab	06/30/2009
	T247000	Temperature	Once/year	Grab	06/30/2009
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2009
	T283000	2,4-Dinitrophenol	Once/year	Comp-Time 04 Hrs	06/30/2009
	T332000	Chloroform	Once/year	Grab	06/30/2009
	T371000	Methylene Chloride	Once/year	Grab	06/30/2009
	T388000	Phenol	Once/year	Comp-Time 04 Hrs	06/30/2009
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs	06/30/2009
Ordinance / 413/433	T999000	Total Toxic Organics	Once/year	Grab	06/30/2009
004 Project Code: Pollutant Group	IM = I	PD - Company - MSD Pollutant Description	Frequency	Sample Type	End Date
* http://doi.org/	1208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2009
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2009
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2009
	T237000 .	pH	Once/year	Grab	06/30/2009
	T247000 .	Temperature	Once/year	Grab	06/30/2009
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2009
		2,4-Dinitrophenol	Once/year	Comp-Time 04 Hrs	06/30/2009
	ምን ዕ ንስለለ	2,4-Dunuopiiciioi	Officeryear	•	00/30/2009
	T283000	Chloroform	Omnakusan	Cmh	06/20/2000
	T332000	Chloroform Methylana Chlorida	Once/year	Grab	06/30/2009
	T332000 T371000	Methylene Chloride	Once/year	Grab	06/30/2009
	T332000 T371000 T388000	Methylene Chloride Phenol	Once/year Once/year	Grab Comp-Time 04 Hrs	06/30/2009 06/30/2009
2 l' (412422	T332000 T371000 T388000 T393000	Methylene Chloride Phenol Silver (Total)	Once/year Once/year Once/year	Grab Comp-Time 04 Hrs Comp-Time 04 Hrs	06/30/2009 06/30/2009 06/30/2009
Ordinance / 413/433	T332000 T371000 T388000	Methylene Chloride Phenol	Once/year Once/year	Grab Comp-Time 04 Hrs	06/30/2009 06/30/2009
005 Project Code:	T332000 T371000 T388000 T393000 T999000	Methylene Chloride Phenol Silver (Total) Total Toxic Organics PD - Company - MSD	Once/year Once/year Once/year Once/year	Grab Comp-Time 04 Hrs Comp-Time 04 Hrs Grab	06/30/2009 06/30/2009 06/30/2009
	T332000 T371000 T388000 T393000 T999000 : IM = I Poll Code	Methylene Chloride Phenol Silver (Total) Total Toxic Organics PD - Company - MSD Pollutant Description	Once/year Once/year Once/year Once/year	Grab Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Sample Type	06/30/2009 06/30/2009 06/30/2009 06/30/2009
005 Project Code:	T332000 T371000 T388000 T393000 T999000 : IM = I Poll Code	Methylene Chloride Phenol Silver (Total) Total Toxic Organics PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day)	Once/year Once/year Once/year Once/year Frequency Once/year	Grab Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Sample Type Comp-Time 04 Hrs	06/30/2009 06/30/2009 06/30/2009 06/30/2009 End Date
005 Project Code:	T332000 T371000 T388000 T393000 T999000 IM = I Poll Code 1208000 T213000	Methylene Chloride Phenol Silver (Total) Total Toxic Organics PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand	Once/year Once/year Once/year Once/year Once/year Once/year	Grab Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs	06/30/2009 06/30/2009 06/30/2009 06/30/2009 End Date 06/30/2009
005 Project Code:	T332000 T371000 T388000 T393000 T999000 : IM = I Poll Code T208000 T213000 T234000	Methylene Chloride Phenol Silver (Total) Total Toxic Organics PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total)	Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year	Grab Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs	06/30/2009 06/30/2009 06/30/2009 06/30/2009 End Date 06/30/2009 06/30/2009 06/30/2009
005 Project Code:	T332000 T371000 T371000 T388000 T393000 T999000 : IM = I Poll Code 1208000 T213000 T234000 T237000	Methylene Chloride Phenol Silver (Total) Total Toxic Organics PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH	Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year	Grab Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab	06/30/2009 06/30/2009 06/30/2009 06/30/2009 End Date 06/30/2009 06/30/2009 06/30/2009
005 Project Code:	T332000 T371000 T388000 T393000 T999000 : IM = I Poll Code T208000 T213000 T234000 T237000 T247000	Methylene Chloride Phenol Silver (Total) Total Toxic Organics PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature	Once/year	Grab Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab Grab	06/30/2009 06/30/2009 06/30/2009 06/30/2009 End Date 06/30/2009 06/30/2009 06/30/2009 06/30/2009 06/30/2009
005 Project Code:	T332000 T371000 T388000 T393000 T999000 : IM = I Poll Code T208000 T213000 T234000 T237000 T247000 T256000	Methylene Chloride Phenol Silver (Total) Total Toxic Organics PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids	Once/year	Grab Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab Grab Grab Comp-Time 04 Hrs	06/30/2009 06/30/2009 06/30/2009 06/30/2009 End Date 06/30/2009 06/30/2009 06/30/2009 06/30/2009 06/30/2009 06/30/2009
005 Project Code:	T332000 T371000 T388000 T393000 T999000 : IM = I Poll Code T208000 T213000 T234000 T237000 T247000 T256000 T283000	Methylene Chloride Phenol Silver (Total) Total Toxic Organics PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids 2,4-Dinitrophenol	Once/year	Grab Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab Grab Comp-Time 04 Hrs Comp-Time 04 Hrs Comp-Time 04 Hrs	06/30/2009 06/30/2009 06/30/2009 06/30/2009 End Date 06/30/2009 06/30/2009 06/30/2009 06/30/2009 06/30/2009 06/30/2009 06/30/2009
005 Project Code:	T332000 T371000 T371000 T388000 T393000 T999000 : IM = I Poll Code T208000 T213000 T234000 T237000 T247000 T256000 T283000 T332000	Methylene Chloride Phenol Silver (Total) Total Toxic Organics PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids 2,4-Dinitrophenol Chloroform	Once/year	Grab Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab Grab Comp-Time 04 Hrs Comp-Time 04 Hrs Comp-Time 04 Hrs	06/30/2009 06/30/2009 06/30/2009 06/30/2009 End Date 06/30/2009 06/30/2009 06/30/2009 06/30/2009 06/30/2009 06/30/2009 06/30/2009 06/30/2009
005 Project Code:	T332000 T371000 T388000 T393000 T999000 : IM = I Poll Code T208000 T213000 T234000 T237000 T247000 T256000 T283000	Methylene Chloride Phenol Silver (Total) Total Toxic Organics PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids 2,4-Dinitrophenol	Once/year	Grab Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab Grab Comp-Time 04 Hrs Comp-Time 04 Hrs Comp-Time 04 Hrs	06/30/2009 06/30/2009 06/30/2009 06/30/2009 End Date 06/30/2009 06/30/2009 06/30/2009 06/30/2009 06/30/2009 06/30/2009 06/30/2009
005 Project Code:	T332000 T371000 T371000 T388000 T393000 T999000 : IM = I Poll Code T208000 T213000 T234000 T237000 T247000 T256000 T283000 T332000	Methylene Chloride Phenol Silver (Total) Total Toxic Organics PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids 2,4-Dinitrophenol Chloroform	Once/year	Grab Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Sample Type Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab Grab Comp-Time 04 Hrs Comp-Time 04 Hrs Comp-Time 04 Hrs	06/30/2009 06/30/2009 06/30/2009 06/30/2009 End Date 06/30/2009 06/30/2009 06/30/2009 06/30/2009 06/30/2009 06/30/2009 06/30/2009 06/30/2009 06/30/2009

1 of 1

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

Company Name: SSM CARDINAL GLENNONE HOSPITAL.

Permit No: 41121954-00

Premise Address: 1465 S. Grand Blvd. St. Louis, MO 63103-1095

Monitoring Period: CJAN-MAR) CAPR-JUNE COCT-DEC

Samples Collected By: MIDWEST TESTING LABORATORIES, INC.

Analyses Performed By: MIDWEST TESTING LABORATORIES, INC.

PART II: ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS	>	00) 1		004			
DATES ON WHICH SAMPLES WERE COLLECTED	>	11-4-08		11	11-4-08			
TIMES AT WHICH SAMPLES WERE COLLECTED	>	9:15-2:15pm 9:30-2:30pm				*	Y Proposition of the Proposition	
PARAMETER LIMIT			RECORD SAMPLE TYPES (G, C, M OR E) AND RESULTS BELOW G=grab, C=composite, M=measured flow, E=estimated flow					UNITS
FEON								
OIL & GREASE	200		17		13			mg/L
BOD	200		153		202			mg/L
COD	****		285		356			mg/L
TOTAL SUSPENDED SOLIDS	****		276		34			mg/I
TEMPERATURE(Degrees C)	60		18.9		19.3			
pH (Std. Units)	5.5-1		6.85		8.60			
ŚILVER	.5		0.01		0.01	<u> </u>		mg/L

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001 - 72,000								
004- 7000							•	
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You must complete and sign the certification statements on the reverse side.

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PART III:

SPECIAL CERTIFICATION STATEMENTS



Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A.	If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following
	certification: Certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s)
В.	If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification: I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.
C .	If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification: I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.
D.	If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification: I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
E.	If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification: I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR
F.	Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following-certification: Certify; since the last discharge monitoring report cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439; e.
G.	Discharges Subject to Categorical Standards for Electroplating (40 CFR 413); Metale Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification: Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.
PART	IV: GENERAL CERTIFICATION STATEMENTS
Initial th	e box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.
A .	Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification: In lieu of monitoring for TTO at sample point(s)
B	DISCHARGE MONITORING REPORT CERTIFICATION
designe who mai and beli and imp	under penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system d to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons nage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge of, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine risonment for knowing violations.
Print or	type name of signing official: Bub Frederic H
Title:	Facilities Telephone: 577-5327
Signatui	11 0/73 (A) 01 A/
	2 SMF 10/93

MSD 036116

MIDWEST TESTING LABORATORIES

2645 Grayois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

Date: November 13, 2008 Lab. No.: 2008MT0433 Invoice No.: 280403

SSM CARDINAL GLENNONS CHILDREN'S HOSPITAL 1465 S. Grand Boulevard St. Louis, Missouri 63103-1095

ATTENTION: Mr. Bud Frederich

REPORT OF TESTS

SAMPLE MATRIX: Waste Water

SAMPLE I.D.: Sample Point Ref. Number: 001

Waste Water composite: 09:15 a.m. / 11-4-08 to 2:15 p.m. / 11-4-08

Grab Sample 9:15 a.m. / 11-4-08 Sample Point Ref. Number: 004

Waste Water composite: 09:30 a.m./:11-4-08 to 2:30 p.m. / 11-4-08

Grab Sample 09:30 a.m. / 11-4-08

DATE ANALYZED: 11-4-08 to 11-13-08

RESULTS: mg/L OR PARTS PER MILLION (PPM)

ANALYTE	# 001	# 004	MDL	METHOD NUMBER
Oil & Grease	17	13	5	413.1
BOD	153	202	10	405.1
COD	285	356	10	410.1
TSS	276	34	5	160.2
Temperature (Degrees C)	18.9	19.3	.1	170.1
pH (Std Units)	6.85	8.60	.02	150.1
Silver	0.01	0.01	.01	272.1

MDL: Method Detection Limit

Identification of tested specimens provided by the client

MIDWEST TESTING LABORATORIES

DINESH N. SHAH

· Laboratory Manager

RECEIVED

NOV 19 2008

The analysis and / or tests have been made and report prepared, based upon results from specific samples identified and supplied by the client or their representatives. We assume no responsibility for any extrapolation of data from the test results and relating such test results to any batch or lot or material from which we had no control of sample acquisition.

This report is furnished in strict confidence for the exclusive use of the client or the client's representative, and no distribution of all or part of the report shall be made to third parties without the prior written approval of the client or the client's representative ordering the work. Official reports will be provided only by Midwest Testing Laboratories, Inc. and will contain a raised seal to certify authenticity. Modification or reproduction of these reports by anyone other than Midwest Testing Laboratories. Inc. is prohibited.

If during or after the performing of these tests it is subsequently necessary for Midwest Testing Laboratories to recreate reports, assemble materials, gather additional information or perform other work with regard to these test results to assist in the preparation for any investigation, civil proceedings or criminal action, regardless of who makes such a request or issues a subpoena, client shall reimburse Laboratory for out of pocket expenses incurred in relation to such work. Client further agrees to compensate Laboratory for any such work which is required, including any time devoted to testifying in depositions, at hearings or in court.

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

SKW S I

PART I:

IDENTIFYING INFORMATION

Company Name: _	SSM CARDINAL GLEI	NNONE HOSPITAL		
• -	41121954-00			
	1465 S. Grand Bly	vd. St. Louis,	мо 63103-1095	
Monitoring Period:	□(JAN-MAR)	□(APR-JUNE)	(JULY-SEPT)	□(OCT-DEC)
	By: MIDWEST TESTI	YG LABORATORIES,	INC	
Analyses Performe	d By: MIDWEST TEST	ING LABORATORIES	TNC	

DADT II

ANALYTICAL RESULTS OF SELF MONITORING

PART II: ANALYTICAL RESULTS	OF SELF	·		7
MSD SAMPLE POINT REFERENCE NUMBERS	>	0 01	004	
DATES ON WHICH SAMPLES WERE COLLECTED	>	7-30-08	7-30-08	
TIMES AT WHICH SAMPLES WERE COLLECTED	>	8:35-2:25pm	8:50-2:35pm	_
PARAMETER	LINIT		PES (G, C, M OR E) AND RESULTS BELOW Te, M=measured flow, E=estimated flow	UNITS
FLOW				mg/L
OIL & GREASE	200	21	12	
вор	200	280	186	mg/L
COD	****	365	327	mg/L
TOTAL SUSPENDED SOLIDS	****	70	91	mg/L
TEMPERATURE(Degrees C)	60	24.2	23.6	
pH (Std. Units)	5.5-1	6.92	8_56	
SILVER	.5	< 0.01	0.01	mg/L
		:		
001- 17,000				
001-72,000				
	·			_
				ال

You must complete and sign the certification statements on the reverse side.

INDUSTRIAL USER SELF MONITORING REPORT PAGE 2

PART III:

SPECIAL CERTI ATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A.	If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:
	certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s)
₿.	If your parmit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you
	are reduied to make are tollowing Celtilicatiou:
	I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.
C.	If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:
	. I could, since the permit issue date, there has been no change in the status of connection points identified as income. There
	points remain inactive and no discharge occurred during the period covered by this report.
D.	If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:
	I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
E.	If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment
	standards in 40 CFR
F.	Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide
	at the hyantiacentral sample bounds, applied to the following certification.
	I certify: since the last discharge monitoring report, cyanide-has not-been used-or generated in any pharmaceutical manufacturing process subject to Categorical Standards:in 40 CFR 439.0.
G.	Discharges Subject to Categorical Standards for Electroplating (40 CFR 413); MetaluFinishing (40 CFR 433) or Electrical & Electronic
	Description (40 Of 1 403) can be exempted from 110 montoning and the Electroplation, March Electroplation as Electroplation and
	Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the
	masternature has been root since ming the last discharge monitoring report. I further certify that this facility is implementing the toyic
	organic management plan submitted to MSO.
PART	IV: GENERAL CERTIFICATION STATEMENTS
Initial th	e box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.
A.	Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:
**********	i mediate that to the heat of my knowledge and belief and
	toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.
8.	DISCHARGE MONITORING REPORT CERTIFICATION
loortify a	inder penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system
	The state of the s
	The information are business to the information of
and impri	f, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine isonment for knowing violations.
Print or ty	pe game of signing official. But OfredericH
Tribe.	Franktia
140	Telephone: 5/1-532)
Signature	- Isual fallonif
	2 SWF 1093



2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

Date: August 7, 2008 Lab. No.: 2008MT0351 Invoice No.: 280315

SSM CARDINAL GLENNONS CHILDREN'S HOSPITAL 1465 S. Grand Boulevard St. Louis, Missouri 63103-1095

ATTENTION: Mr. Bud Frederich

REPORT OF TESTS

SAMPLE MATRIX: Waste Water

SAMPLE I.D.: Sample Point Ref. Number: 001

Waste Water composite: 08:35 a.m. / 7-30-08 to 2:25 p.m. / 7-30-08

Grab Sample 8:35 a.m. / 7-30-08 Sample Point Ref. Number: 004

Waste Water composite: 08:50 a.m. / 7-30-08 to 2:35 p.m. / 7-30-08

Grab Sample 08:50 a.m. / 7-30-08

DATE ANALYZED: 7-30-08 to 8-7-08

RESULTS: mg/L OR PARTS PER MILLION (PPM)

ANALYTE	# 001	# 004	MDL	METHOD NUMBER
Oil & Grease	21	12	5	413.1
BOD	280	186	10	405.1
COD	365	327	10	410.1
TSS	70	91	5	160.2
Temperature (Degrees C)	24.2	23.6	.1	170.1
pH (Std Units)	6.92	8.56	.02	150.1
Silver	< 0.01	0.01	.01	272.1

MDL: Method Detection Limit

Identification of tested specimens provided by the client

MIDWEST TESTING LABORATORIES

DINESH N. SHAH Laboratory Manager

Catoratory Manager

The analysis and / or tests have been made and report prepared, based upon results from specific samples identified and supplied by the client or their representatives. We assume no responsibility for any extrapolation of data from the test results and relating such test results to any batch or lot or material from which we had no control of sample acquisition.

This report is furnished in strict confidence for the exclusive use of the client or the client's representative, and no distribution of all or part of the report shall be made to third parties without the prior written approval of the client or the client's representative ordering the work. Official reports will be provided only by Midwest Testing Laboratories, Inc. and will contain a raised seal to certify authenticity. Modification or reproduction of these reports by anyone other than Midwest Testing Laboratories. Inc. is prohibited.

If during or after the performing of these tests it is subsequently necessary for Midwest Testing Laboratories to recreate reports, assemble materials, gather additional information or perform other work with regard to these test results to assist in the preparation for any investigation, civil proceedings or criminal action, regardless of who makes such a request or issues a subpoena, client shall reimburse Laboratory for out of pocket expenses incurred in relation to such work. Client further agrees to compensate Laboratory for any such work which is required, including any time devoted to testifying in depositions, at hearings or in court.

ROPOLITAN ST. LOUIS SEWER DISTR INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: **IDENTIFYING INFORMATION**

Company Name: Cardinal Glennon Hospital 4112-1954-00 Permit No:

1465 S. Grand, 63104 Premise No: Reporting Period:

□(JAN-MAR)

□(APR-JUNE)

(JULY-SEPT)

□(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS A.

I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION B.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print/type name of signing official: Kevin Ferguson	RECEIVED
Title: Health Physicist	Telephone: 977-6896
Signature: L. 41	Telephone: 977-6896 2 2 2000 Date: / 6/17/08
	DIVISION OF ENVIRONMENTAL COMPLIANCE



SAINT LOUIS UNIVERSITY

October 17, 2008

Douglas M. Mendoza Industrial Waste Engineer Metropolitan St. Louis Sewer District Department of Environmental Compliance 10 East Grand Avenue

(FAX #: 436-8753)

St. Louis, MO 63147-2913

SUBJECT: Quarterly Reports Of Radionuclide Discharge For The Period July - September 2008

Dear Mr. Mendoza:

Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for <u>all</u> Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Tim Hill (Anheuser Busch Eye Institute, Saint Louis University Hospital).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by Cardinal Glennon) will be incorporated into this report.

If you have any questions regarding these reports, please contact me at 977-6896.

Sincerely.

Kevin Ferguson Health Physicist

RECEIVED

1402 South Grand Blvd. St. Louis, MO 63104-1085

Fax: 314-977-5560

314-977-8608

314-977-8609

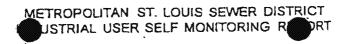
Health Sciences Center

Office of Environmental Safety and Services

Environmental Safety Office (C307)

Radiation Safety Office (RB5)

OCT 2 4 2008



PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I:

IDENTIFYING INFORMATION

Company Name: SSM CARDINAL GLENNONE HOSPITAL 41121954-00 Permit No: Premise Address: 1465 S. Grand Blvd. Sr. Louis MO 63103-1095 □(OCT-DEC) (APR-JUNE) □(JULY-SEPT) □(JAN-MAR) Monitoring Period: Samples Collected By: MIDWEST TESTING Analyses Performed By: MIDWEST TESTING LABORATORIES INC.

PART II: ANALYTICAL RESULTS	OF SELF	MONITORING	7000	
MSD SAMPLE POINT REFERENCE NUMBERS	>	001	004	
DATES ON WHICH SAMPLES WERE COLLECTED	<u> </u>	5-6-08	5-6-08	
TIMES AT WHICH SAMPLES WERE COLLECTED	>_	8:40-2:20pm	8:55-2:30pm	
PARAMETER	LIMIT		te, M=measured flow, E=estimated flow	UNITS
FEON				
OIL & GREASE	200	13	9	mg/L
ВОД	200	169	197	mg/L
COD	***	307	382	mg/L
TOTAL SUSPENDED SOLIDS	***	40	253	me/L
#EMPERATURE(Degrees C)	60	24.1	23.3	
pH (Std. Units)	5.5-1	11 1 1 1 1	7.85	_
SILVER	. 5	0.01	0.01	mg/L
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You must complete and sign the certification statements on the reverse side.



2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

Date: May 14, 2008 Lab. No.: 2008MT0265 Invoice No.: 280230

SSM CARDINAL GLENNONS CHILDREN'S HOSPITAL 1465 S. Grand Boulevard St. Louis, Missouri 63103-1095

ATTENTION: Mr. Bud Frederich

REPORT OF TESTS

SAMPLE MATRIX: Waste Water

SAMPLE I.D.: Sample Point Ref. Number: 001

Waste Water composite: 08:40 a.m. / 5-6-08 to 2:20 p.m. / 5-6-08

Grab Sample 8:40 a.m. / 5-6-08 Sample Point Ref. Number: 004

Waste Water composite: 08:55 a.m. / 5-6-08 to 2:30 p.m. / 5-6-08

Grab Sample 08:55 a.m. / 5-6-08

DATE ANALYZED: 5-6-08 to 5-14-08

RESULTS: mg/L OR PARTS PER MILLION (PPM)

ANALYTE	# 001	# 004	MDL	METHOD NUMBER
Oil & Grease	13	9	5	413.1
BOD	169	197	10	405.1
COD	307	382	10	410.1
TSS	40	253	5	160.2
Temperature (Degrees C)	24.1	23.3	.1	170.1
pH (Std Units)	6.82	7.85	.02	150.1
Silver	0.01	0.01	.01	272.1

MDL: Method Detection Limit

Identification of tested specimens provided by the client

DINESH N. SHAH Laboratory Manager

SZW CCCMC FACILITIES

914-677-5314

08/08/5007 13:42

PAR	(.III:	SPECIAL CERTIFIC ON STATEMENTS	
	01 4 65	pecial conditions contained in your discharge permit you may be required to certify of CE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH A no Special Conditions, then none of the cartifications in PART III apply to you. GO	ALL CLOSES
A.		permit special conditions waive monitoring at any sample point(s) specified in your	
	cenificati	ation: I certify, since the last discharge monitoring report, there has been no change in the point(s)	e character of the wastes discharged at sampling
B.	If your po are requ	permit special conditions waive monitoring at active connection points which are no quired to make the following certification: I certify, since the last discharge monitoring report, there has been no change in the connection points which are not specified in my permit.	
c.	If your po	permit special conditions waive monitoring at inactive connection points, you are related to the permit issue date, there has been no change in the status of points remain inactive and no discharge occurred during the period covered by	connection points identified as inactive. These
D.	If your pe	permit special conditions authorize grab sample collection in lieu of composite sam	pling at any sample point(s), you are required to
	make the	the following certification: I certify the grab sample results in this report accurately represent our average	daily discharge at sample point(s)
٤.		permit special conditions prohibit discharge of wastes which are subject to certain cate	egorical pretreatment standards, you are required
	to make	te the following certification : I certify, since the last discharge monitoring report, there has been no dischar standards in 40 CFR	ge of wastes which are subject to pretreatment
F.	Discharg at the Ph	rges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted Pharmaceutical sample point(s) subject to the following-certification: I certify: since the last discharge monitoring report, cyanide has not been used or process subject to Categorical Standards in 40 CFR 439.%	
G.	Compane	rges Subject to Categorical Standards for Electroplating (40 CFR 413). Metaking ments (40 CFR 469) can be exempted from TTO monitoring only at the Electrople ments sample point(s) subject to the following certification: Based on my inquiry of the person or persons directly responsible for managing or organics (TTO). I certify that, to the best of my knowledge and belief, no discharge was terminated to management from the person organic management plan submitted to MSD.	compliance with the permit limitation for total toxic umping of concentrated toxic organics into the
PART	iv:	GENERAL CERTIFICATION STATEMENTS	
Initial t	e box for si	statement A if it applies to you. Everyone must complete the information und	er statement B and sign this report.
A	Discharge - [rges at sample points subject only to MSD Ordinance limits can be exempted from TI In lieu of monitoring for TTO at sample point(s)	Ithat to the best of my knowledge and belief, no
В	DISCHAR	ARGE MONITORING REPORT CERTIFICATION	
designe who ma and beli and imp	ed to assure mage the sy- lef, true, acco prisonment f	naity of Law that this document and all attachments were prepared under my direct that qualified personnel property gather and evaluate the information submitted system, or those persons directly responsible for gathering the information, the information, the information, and complete. I am aware that there are significant penalties for submitting to for knowing violations. The dericht	1. Based on my inquiry of the person or persons rmation submitted is, to the best of my knowledge
Title:	Tuc	culities Telephon	no: 577-5327
Signatu	ro: //	Level Triduil Date:	8-8/08
		2	SMF 10/93

PAGE 04/04

SSM CGCMC FACILITIES

\$1007\2007 13:42 314-577-5314

ROPOLITAN ST. LOUIS SEWER DISTRET INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

SSM

Company Name: Cardinal Glennon Hospital Permit No: - 4112-1954-00

Premise No:

1465 S. Grand, 63104

Reporting Period: □(JAN-MAR)

(APR-JUNE)

□(JULY-SEPT)

□(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

127

I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print/type name of signing official: Kevin Ferguson		RECEIVED
Title: Health Physicist	Telephone: 977-6896	JUL 2 1 2008
Signature:	Date: 7/16/0	S DIVISION OF WIRDNIENTAL COMPLIANCE



SAINT LOUIS UNIVERSITY

July 16, 2008

Douglas M. Mendoza
Industrial Waste Engineer
Metropolitan St. Louis Sewer District
Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(FAX #: 436-8753)

St. Louis, MO 63104-1085 Fax: 314-977-5560

1402 South Grand Blvd.

Health Sciences Center
Office of Environmental Safety and Services

Environmental Safety Office (C307) 314-977-8608

Radiation Safety Office (RB5) 314-977-8609

SUBJECT: Quarterly Reports Of Radionuclide Discharge For The Period April - June 2008

Dear Mr. Mendoza:

Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for <u>all</u> Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Tim Hill (Anheuser Busch Eye Institute, Saint Louis University Hospital).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by Cardinal Glennon) will be incorporated into this report.

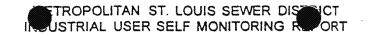
If you have any questions regarding these reports, please contact me at 977-6896.

Sincerely,

Kevin Ferguson Health Physicist

RECEIVED

JUL 2 1 2008



PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

□(APR-JUNE)

□(OCT-DEC)

CALI	1.	

Permit No:

Monitoring Period:

IDENTIFYING INFORMATION

SSM CARDINAL GLENNONE HOSPITAL Company Name: 41121954-00

□(JULY-SEPT)

Premise Address: 1465 S. Grand Blvd., St. Louis, MO 63103-1095

Samples Collected By: MIDWEST TESTING LABORATORIES INC

□(JAN-MAR)

Analyses Performed By: MIDWEST TESTING LABORATORIES, INC.

PART II:

ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS	>	001	004	
DATES ON WHICH SAMPLES WERE COLLECTED	>	2-29-08	2-29-08	
TIMES AT WHICH SAMPLES WERE COLLECTED	>	8:45-2:40p	m 9:00-2:50pm	
PARAMETER	LIMIT	2	TYPES (G, C, M OR E) AND RESULTS BELOW site, M=measured flow, E=estimated flow	UNITS
FEOW				
OIL & GREASE	200	18	12	mg/L
BOD	200	280	117	mg/L
COD	****	490	220	mg/L
TOTAL SUSPENDED SOLIDS	***	107	1.68	mg/L
ŢEMPERATURE(Degrees C)	60	14.6	14.1	
pH (Std. Units)	5.5-1	7.20	8.24	
SILVER	.5	0.01	< 0.01	mg/L
001-12,000 004 7,000				
004 7,000				
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You must complete and sign the certification statements on the reverse side.

APR 28 2008

PART III:

SPECIAL CERTIFICATION STATEMENTS



Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following

	certification:
	I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s)
В.	If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you
	are required to make the following certification: I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.
C	If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification: I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.
D.	If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:
	I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
ε.	If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR
F.	Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:
	I certify; since the last discharge monitoring report, cyanide-has not-been used-or generated in any pharmaceutical manufacturing process subject to Categorical Standards/in 40 CFR 439.%
G.	Discharges Subject to Categorical Standards for Electroplating (40 CFR 413); Metals Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:
·	Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO). I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.
PART I	V: GENERAL CERTIFICATION STATEMENTS
Initial the	box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.
A.	Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification: In lieu of monitoring for TTO at sample point(s)
B	DISCHARGE MONITORING REPORT CERTIFICATION
designed who mana and belief	nder penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons age the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge for true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine sonment for knowing violations.
Print or ty	pe name of signing official:
Title:	Technology Telephone:
Signature	Buel Frederich Date: 3-18-08

SMF 10/93

MIDWEST TESTING LABORATORIES

2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

Date: March 14, 2008 Lab. No.: 2008MT0200 Invoice No.: 280165

SSM CARDINAL GLENNONS CHILDREN'S HOSPITAL 1465 S. Grand Boulevard St. Louis, Missouri 63103-1095

ATTENTION: Mr. Bud Frederich

REPORT OF TESTS

SAMPLE MATRIX: Waste Water

SAMPLE I.D.: Sample Point Ref. Number: 001

Waste Water composite: 08:45 a.m. / 2-29-08 to 2:40 p.m. / 2-29-08

Grab Sample 8:45 a.m. / 2-29-08 Sample Point Ref. Number: 004

Waste Water composite: 09:00 a.m. / 2-29-08 to 2:50 p.m. / 2-29-08

Grab Sample 09:00 a.m. / 2-29-08

DATE ANALYZED: 2-29-08 to 3-14-08

RESULTS: mg/L OR PARTS PER MILLION (PPM)

ANALYTE	# 001	# 004	MDL	METHOD NUMBER
Oil & Grease	18	12	5	413.1
BOD	280	117	10	405.1
COD	490	220	10	410.1
TSS	107	168	5	160.2
Temperature (Degrees C)	14.6	14.1	.1	170.1
pH (Std Units)	7.20	8.24	.02	150.1
Silver	.0.01	< 0.01	01	272.1

MDL: Method Detection Limit

Identification of tested specimens provided by the client

MIDWEST TESTING LABORATORIES

DINESH N. SHAH Laboratory Manager RECEIVED

APR 2 8 2008

DIVISION OF ENVIRONMENTAL COMPLIANCE

25 APR '08 RCVD

The analysis and / or tests have been made and report prepared, based upon results from specific samples identified and supplied by the client or their representatives. We assume no responsibility for any extrapolation of data from the test results and relating such test results to any batch or lot or material from which we had no control of sample acquisition.

This report is furnished in strict confidence for the exclusive use of the client or the client's representative, and no distribution of all or part of the report shall be made to third parties without the prior written approval of the client or the client's representative ordering the work. Official reports will be provided only by Midwest Testing Laboratories, Inc. and will contain a raised seal to certify authenticity. Modification or reproduction of these reports by anyone other than Midwest Testing Laboratories. Inc. is prohibited.

If during or after the performing of these tests it is subsequently necessary for Midwest Testing Laboratories to recreate reports, assemble materials, gather additional information or perform other work with regard to these test results to assist in the preparation for any investigation, civil proceedings or criminal action, regardless of who makes such a request or issues a subpoena, client shall reimburse Laboratory for out of pocket expenses incurred in relation to such work. Client further agrees to compensate Laboratory for any such work which is required, including any time devoted to testifying in depositions, at hearings or in court.

MIDWEST TESTING LABORATORIES

2645 Gravois Avenue · St. Louis, MO 63118 · (314) 773-3035 · FAX (314) 773-3519

Date: March 14, 2008 Lab. No.: 2008MT0200 Invoice No.: 280165

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL 1465 S. Grand Boulevard St. Louis, Missouri 63104-1095

ATTENTION: Mr. Bud Frederich

REPORT OF TESTS

SAMPLE MATRIX: Water

SAMPLE I.D. : Waste Water

Sampling Point Ref. Number: 001 Grab, 08:45 a.m., 2-29-08 Sampling Point Ref. Number: 004 Grab, 09:00 a.m., 2-29-08

DATE ANALYZED: 3-5-08

RESULTS: ug/L OR PARTS PER BILLION (PPB)

VOLATILE ORGANICS EPA 600 METHOD 624

ANALYTE	SP# 001	SP#004	MDL
1,1,1,2-Tetrachloroethane	ND	ND	5.0
1,1,1-Trichloroethane	ND	ND	5.0
1,1,2,2-Tetrachloroethane	ND	ND .	5.0
1,1,2-Trichloroethane	ND	ND	5.0 —
1,1-Dichloro-2-propanone	ND	ND	5.0
1,1-Dichloroethane	ND	ND .	5.0
1,1-Dichloroethene	ND	ND	5.0
1,1-Dichloropropene	ND	ND	5.0
1,1'-Oxybis-ethane	ND	ND	5.0
1,2,3-Trichlorobenzene	ND	ND	5.0
1,2,3-Trichloropropane	ND	ND	5.0
1,2,4-Trichlorobenzene	ND	ND	5.0
1,2,4-Trimethylbenzene	ND	ND	5.0
1,2-Dibromo-3-chloropropane	ND	ND	5.0
1,2-Dibromoethane	ND	ND	5.0
1,2-Dichlorobenzene	ND	ND	5.0
1,2-Dichloroethane	ND	ND	5.0
1,2-Dichloropropane	ND	ND	5.0
1,3,5-Trimethylbenzene	ND	ND	5.0
1,3-Dichlorobenzene	ND	ND	5.0
1,3-Dichloropropane	ND	ND	5.0
1,4-Dichlorobenzene	ND	ND	5.0
1,4-Dichloro-2-butene	ND	ND	5.0
1-Chlorobutane	ND	ND	5.0
2,2-Dichloropropane	ND	ND	5.0
2-Butanone	ND	ND	Rô.₺ C E

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Page 1 of 3

APR 28 2008

The analysis and / or tests have been made and report prepared, based upon results from specific samples identified and supplied by the client or their representatives. We assume no responsibility for any extrapolation of data from the test results and relating such test results to any batch or lot or material from which we had no control of sample acquisition.

This report is furnished in strict confidence for the exclusive use of the client or the client's representative, and no distribution of all or part of the report shall be made to third parties without the prior written approval of the client or the client's representative ordering the work. Official reports will be provided only by Midwest Testing Laboratories, Inc. and will contain a raised seal to certify authenticity. Modification or reproduction of these reports by anyone other than Midwest Testing Laboratories. Inc. is prohibited.

If during or after the performing of these tests it is subsequently necessary for Midwest Testing Laboratories to recreate reports, assemble materials, gather additional information or perform other work with regard to these test results to assist in the preparation for any investigation, civil proceedings or criminal action, regardless of who makes such a request or issues a subpoena, client shall reimburse Laboratory for out of pocket expenses incurred in relation to such work. Client further agrees to compensate Laboratory for any such work which is required, including any time devoted to testifying in depositions, at hearings or in court.

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ANALYTE	SP# 001	Sp#004	<u>MDL</u>
2-chlorotoluene	ND	ND	5.0
2-Hexanone	ND	ND	5.0
2-Nitropropane	ND	ND	5.0
2-Propenic acid, methyl ester	ND	ND	5.0
2-Methoxy-2-Methylpropane	ND	ND	5.0
4-Chlorotoluene	ND	ND	5.0
4-Methyl-2-pentanone	ND	ND	5.0
Acetone	ND	ND	5.0
Acrolein	ND -	ND	100.0
Acrylonitrile	ND ·	ND	5.0
Allyl chloride	ND	ND	5.0
Benzene	ND	ND	5.0
Bromobenzene	ND	ND	5.0
Bromochloromethane	ND	ND	5.0
Bromodichloromethane	ND	ND	5.0
Bromoform	ND	ND	5.0
Bromomethane	ND	ND	5.0
Carbon disulfide	ND	ND	5.0
Carbon tetrachloride	ND	ND	5.0
Chlorobenzene	ND	ND	5.0
Chloroethane	. ND	ND	5.0
Chloroform	ND	ND	5.0
Chloromethane	ND	ND	5.0
Cis-1,2-Dichloroethene	ND	ND	5.0
Cis-1,3-Dichloropropene	ND-	ND	5.0
Dibromochloromethane	ND	ND	5.0
Dibromomethane	ND	ND	5.0
Dichlorodifluoromethane	ND	ND	5.0
Ethyl methacrylate	ND	ND	5.0
Ethylbenzene	ND	ND	5.0
Heptane	ND	ND	5.0
Hexachlorobutadiene	ND	. ND	5.0
Hexane	ND	ND	5.0
Iodomethane	ND	ND	5.0
Isopropylbenzene	ND	ND	5.0
m,p-Xylenes	ND	ND	5.0
Methacrylonitrite	ND	ND	5.0
Methyl Methacrylate	ND	ND	5.0
Methylacrylate	ND	ND	5.0
		Page 2 of 3	586

Page 2 of 3

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APR 28 2008

The analysis and / or tests have been made and report prepared, based upon results from specific samples identified and supplied by the client or their representatives. We assume no responsibility for any extrapolation of data from the test results and relating such test results to any batch or lot or material from which we had no control of sample acquisition.

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MIDWEST TESTING LABORATORIES

2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

ANALYTE	SP# 001	SP#004	MDL
Methylene chloride	ND	ND	5.0
n-Butylbenzene	ND	ND	5.0
n-propylbenzene	ND	ND	5.0
Naphthalene	ND	ND	5.0
Nitrobenzene	ND	ND	5.0
o-Xylene	ND	. ND	5.0.
p-isopropyltoluene	. ND	ND	5.0
Pentachloroethane	ND	ND	5.0
Propionitrile	ND	ND	5.0
Sec-Butylbenzene	ND	ND	5.0
Styrene	ND	ND	5.0
Tert-Butylbenzene	ND	ND	5.0
Tetrachloroethene	ND	ND	5.0
Tetrahydrofuran	ND	ND	5.0
Toluene	ND	ND	5.0
Trans-1,2-Dichloroethene	ND	ND	5.0
Trans-1,3-Dichloropropene	ND	ND	5.0
Trans-1,4-Dichloro-2-butene	ND	ND	5.0
Trichloroethene	ND	ND	5.0
Trichlorofluoromethane	ND	ND .	5.0
Vinyl acetate	ND	ND	5.0
Vinyl chloride	ND	ND	5.0

ND: Not Detected / MDL: Method Detection Limit

Identification of tested specimens provided by the client.

MIDWEST TESTING LABORATORIES

th nshed

DINESH N. SHAH Laboratory Manager

RECEIVED

APR 2 8 2008

The analysis and / or tests have been made and report prepared, based upon results from specific samples identified and supplied by the client or their representatives. We assume no responsibility for any extrapolation of data from the test results and relating such test results to any batch or lot or material from which we had no control of sample acquisition.

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If during or after the performing of these tests it is subsequently necessary for Midwest Testing Laboratories to recreate reports, assemble materials, gather additional information or perform other work with regard to these test results to assist in the preparation for any investigation, civil proceedings or criminal action, regardless of who makes such a request or issues a subpoena, client shall reimburse Laboratory for out of pocket expenses incurred in relation to such work. Client further agrees to compensate Laboratory for any such work which is required, including any time devoted to testifying in depositions, at hearings or in court.

MIDWEST TESTING LABORATORIES

2645 Gravois Avenue • St. Louis, MO 63118 (314) 773-3035 • FAX (314) 773-3519

Date: March 14, 2008 Lab No.: 2008MT0200

Invoice: 280165

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL

1465 S. Grand Boulevard

St. Louis, Missouri 63104-1095

ATTENTION: Mr. Bud Frederich

REPORT OF TESTS

SAMPLE MATRIX: Water

SAMPLE I.D. : Waste Water

Sample Point ref. Number: 001: Grab @ 08:45 a.m., 2-29-08 Sample Point ref. Number: 004: Grab @ 09:00 a.m., 2-29-08

DATE ANALYZED: 03-10-08

METHOD REF. : EPA 600 METHOD 625

RESULTS: mg/L OR PARTS PER MILLION (PPM)

SEMI - VOLATILE ORGANICS

SEWII - VOLATILE ORGANICS			
ANALYTE	SP# 001	SP# 004	MDL
bis- (Chloromethyl) – ether	ND	ND	0.010
Pyridine	ND	ND	0.010
Aniline	ND	ND	0.010
Benzyl alcohol	ND	ND	0.010
Phenol	ND	ND	0.010
2-Chlorophenol	ND	ND	0.010
bis-(2-Chloroethyl) ether	ND	ND	0.010
N-nitrosodimethylamine	ND	ND	0.010
bis- (2-Chloroisopropyl) ether	ND	ND	0.010
N-Nitroso-di-n-propylamine	ND	ND	0.020
1,3-Dichlorobenzene	ND	ND	0.010
1,4-Dichlorobenzene	ND	· ND	0.010
1,2-Dichlorobenzene	ND	ND	0.010
o-Cresol	ND	ND	0.010
m,p-Cresol	ND	ND	0.010
Hexachloroethane	ND	ND	0.010
Nitrobenzene	ND	ND	0.010
2,4-Dimethylphenol	ND	ND	0.010
4-Chloroaniline	. ND	ND	0.010
2-Nitrophenol	. ND	ND	0.010
2,4-Dichlorophenol	ND	ND	0.010
Benzoic acid	ND	ND	0.050
4-Chloro-3-methylphenol	ND	ND	0.010
bis (2-Chloroethoxy) methane	ND	ND	0.010
Isophorone	ND	ND	0.010

Page 1 of 3

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MIIDWEST TESTING LABORATORIES

2645 Gravois Avenue • St. Louis, MO,63118 (314) 773-3035 • FAX (314) 773-3519

ANALYTE	SP# 001	SP# 004	MDL
1,2,4-Trichlorobenzene	ND	ND	0.010
2-Methylnaphtalene	ND	ND	0.010
Hexachlorocyclopentadiene	ND	· ND	0.010
Naphthalene	ND	ND	0.010
Hexachlorobutadiene	ND	ND	0.010
2,4,6-Trichlorophenol	ND	ND	0.010
2,4,5-Trichlorophenol	ND	ND	0.010
2-Nitroaniline	ND	ND	0.010
3-Nitroaniline	ND	ND	0.010
4-Nitroaniline	ND	ND	0.010
2,4- Dinitrophenol	ND	ND	0.010 —
4-Nitrophenol	ND	ND	0.010
4,6-Dinitro-2-methylphenol	ND	ND	0.010
2-Chloronaphthalene	ND	ND	0.010
4-Chlorophenyl phenyl ether	ND	ND	0.010
Dimethyl phthalate	ND	ND	0.010
2,6-Dinitrotoluene	ND	ND	0.010
Acenaphthylene	ND	ND	0.010
Dibenzofuran	ND	ND	0.010
Diethyl phthalate	ND	ND .	0.010
Acenaphthene	ND	ND	. 0.010
Benzo(g,h,i)perylene	ND	ND	0.010
Fluorene	ND	ND	0.010
Azobenzene	ND	ND	0.010
2,4-Dinitrontoluene	ND	ND	0.010
Hexachlorobenzene	ŅD	ND	0.010
Pentachlorophenol	ND	ND	0.010
N-Nitrosodiphenylamine	. ND	ND	0.010
4-Bromophenyl phenyl ether	ND	ND	0.010
Carbazole	ND	ND	0.010
Di-n-butyl phthalate	ND	ND	0.010
Phenanthrene	ND	ND	0.010
Anthracene	ND	ND	0.010
Fluoranthene	ND	ND	0.050
Butyl benzyl phthalate	ND	ND	0.010
bis (2-ethylhexyl) phthalate	ND	ND	0.010
Pyrene	ND	ND	0.010
Benzo(a)anthracene	ND	ND	0.010
Chrysene	ND	ND	0.010
3,3'-Dichlorobenzidine	ND	ND	0.010
Di-n-octyl phthalate	· ND	ND	0.010
Benzidine	ND	ND	0.010
Benzo(b)fluoranthene	ND	ND	0.010
Benzo(k)fluoranthene	ND	ND	. 0.010
Benzo(a)pyrene	ND	ND	0.010

Page 2 of 3

APR 2 8 2008

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2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

ANALYTE	SP# 001	SP# 004	MDL
Dibenzo(a,h)anthracene	. ND	ND	0.010
Indeno(1,2,3-cd)pyrene	ND	ND	0.010

ND: Not Detected / MDL: Method Dection Limit

Identification of tested specimens provided by the client.

MIDWEST TESTING LABORATORIES

DINESH N. SHAH

Laboratory Manager

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Midwest Testing Laboratories, Inc. warrants that the testing services were conducted in accordance with the standards and procedures specified herein in accordance with generally accepted testing laboratory principles and practices, including generally accepted margins of error for the instruments used in performing the tests. No other warrantees are rendered by Midwest Testing Laboratories as to fitness of the sample for any particular purpose. The only tests requested by the client are those that are set forth on the front of this report. Client releases and holds Midwest Testing Laboratories harmless for any damages which may have been discovered, avoided or mitigated as a result of any additional testing not requested by the client.

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Samples will be destroyed by the laboratory 30 days after the issuance of a formal report, unless the return of the samples to client or client's representative is specifically requested in writing.

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Date: March 14, 2008 Lab. No.: 2008MT0200 Invoice No.: 280165

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL 1465 S. Grand Boulevard St. Louis, Missouri 63104-1095

ATTENTION: Mr. Bud Frederich

REPORT OF TESTS

SAMPLE MATRIX: Waste Water

SAMPLE I.D. : Sample Point ref. Number 001: Grab @ 08:45 a.m.,2-29-08

Sample Point ref. Number 004: Grab @ 09:00 a.m., 2-29-08

DATE ANALYZED: 3-12-08

RESULTS: ug/L OR PARTS PER BILLION (PPB)

ORGANOCHLORINE PESTICIDE ANALYSIS SW-846 METHOD 8081

ANALYTE	SP# 001	SP#004	MDL
Aldrin	ND	ND	0.05
alpha-BHC	ND	ND	0.05
beta-BHC	ND .	ND	0.05
gamma-BHC (Lindane)	ND	、 ND	0.04
delta- BHC	ND	ND	0.05
Chlordane	ND	ND	. 0.14
4,4'-DDD	. ND	ND	0.05
4,4'-DDE	ND	ND	0.05
4,4'-DDT	ND	ND	0.05
Dieldrin	ND	ND	0.05
Endosulfan I	ND	ND	0.05
Endosulfan II	ND	ND	0.05
Endosulfan Sulfate	ND	ND	0.05
Endrin	ND	ND	0.06
Endrin Aldehyde	ND	ND	0.05
Heptachlor '	ND	ND	0.04
Heptachlor Epoxide	ND	ND	0.20
Methoxychlor	ND	ND	0.06
Toxaphene	. ND	ND	0.50
AROCHLOR-1016	ND	ND	0.50
AROCHLOR-1221	ND	ND	0.50
AROCHLOR-1232	ND	ND	0.50
AROCHLOR-1242	ND	ND	0.50
AROCHLOR-1248	ND	ND	0.50 .
AROCHLOR-1254	ND	ND	0.50
AROCHLOR-1260	ND	ND	BOEOCEI

ND: Not detected / MDL: Method Detection Limit

APR 28 2008

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MOROPOLITAN ST. LOUIS SEWER DISTRIBUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: Cardinal Glennon Hospital

Permit No:

(4112-1954-00)

Premise No:

1465 S. Grand, 63104

Reporting Period: (JAN-MAR)

□(APR-JUNE)

□(JULY-SEPT)

□(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
	,
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

74

I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print/type name of signing official: Kevin Ferguson	PECELVE
Title: Health Physicist	Telephone: 977-6896
Signature:	Date: 4/16/08 APR 2 1 2008
	DIVISION OF ENVIRONMENTAL COMPLIANCE



SAINT LOUIS UNIVERSITY

April 16, 2008

Douglas M. Mendoza Industrial Waste Engineer Metropolitan St. Louis Sewer District Department of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913 (FAX #: 436-8753) St. Louis, MO 63104-1085 Fax: 314-977-5560

1402 South Grand Blvd.

Health Sciences Center Office of Environmental Safety and Services

Environmental Safety Office (C307) 314-977-8608

Radiation Safety Office (RB5) 314-977-8609

SUBJECT: Quarterly Reports Of Radionuclide Discharge For The Period Jan. - March 2008

Dear Mr. Mendoza:

Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for <u>all</u> Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Tim Hill (Anheuser Busch Eye Institute, Saint Louis University Hospital).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by Cardinal Glennon) will be incorporated into this report.

If you have any questions regarding these reports, please contact me at 977-6896.

Sincerely,

Kevin Ferguson Health Physicist

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SSM Cardinal Glennon Children's Medical Center

Missouri Quality Award Winner

1465 S. Grand Boulevard • St. Louis, MO 63104-1095 • (314) 577 5600 phone • www.cardinalglennon.com

February 25, 2008

David W. Kupke Environmental Engineering Associate

Re Containment Issue in the Boiler room.

Dear Mr. Kupke

I have talked the chemical provider that supplies chemical to the boiler house for the water treatment program. We have started a new program that as the chemicals are delivered to the boiler house they will be pumped into double wall tanks. This will eliminate having barrels of chemicals that could spill and find their way into the sewer system. If you have any question please feel free to contact me.

Bud Frederich

Director of Facilities

Cardinal Glennon Children's Medical Center

DIVISION OF ENVIRONMENTAL COMPLISHINGE

SSM Health Care Malcolm Baldrige National Quality Award First Health Care Recipient

and the second second

THROUGH OUR EXCEPTIONAL HEALTH CARE SERVICES, WE REVEAL THE HEALING PRESENCE OF GOD.

METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL FACILITY REINSPECTION REPORT

_	any: SSM Cardinal Glennon Childrens	-		Account #:	41121954-00
	ise Address: 1465 South Grand Bouley	vard		Zip Code:	63104-
MSD (Inspection Date: 12/20/06 Classes: SIU CIU Surcharge [No Process Flow Multi- any Representative: Bud Frederick				
	e: Facility Manager			Phone#: 314-5	577-5327
Inspe	ector: D. Kupke			When the second	
Other	rs Present: <u>Mark Stewart-Maintenar</u>	ice Mechan	ic tour	of 1/15/08	
Inspe	ection Date: 1/25/08 Time of	Inspection	n: From	09:27 am To	11:08 am
	ALL ITEMS ARE TO BE COMPLETED BASED OF INFORMATION PROVIDED BY COMPANY DURING	INSPECTION,	AS WELL	AS INFORMATION I	N FILE.
**	DATABASE ALSO UPDATED WITH APPROPRIA	ATE CHANGE	S - see	attached databa	se reports ***
1.	A. ARE THERE ADDITIONAL ACCOUNT NUMBER List them, note any changes:				Yes□ No⊠
	B. WERE ALL ACCT NUMBERS VERIFIED A	S CORRECT	& ACTIVI	E ON BILLING SYS	STEM? Yes⊠ No∐
2.	PROCESS & CLEANUP/WASHDOWN:	Cont/	Water	Frequency	•
		Batch	Used?	of discharge	Sample pt.
	Hospital waste	Cont	Yes	daily	SP001, SP004, SP005
	Kitchen waste	Batch	Yes	daily .	SP001
	Boiler blowdown, Cooling tower blowdown	Batch	Yes	daily	SP001
	NCCW-autoclaves	Batch	Yes	daily	SP005
		(None)	N/A		
	4440	(None)	N/A		
3. f	PRETREATMENT (other than grease traps) - o				Sample pt.
	Silver recovery system-Electrolysi comments at the end of the inspection		lic rep	olacement (See	SP001, SP004
Į					
4.	DOES COMPANY HAVE ANY GREASE TRAPS? A. List sample points: qua B. What is the frequency for cleaning	rterly ng & maint	aining t	the traps?	Yes⊠ No□
	C. Are enzymes (not bacteria) used D. If yes to C, was co. told to stop on E. Was co. informed that MSD also perfo	in traps? switch to	approved	bacteria?	Yes No NA Yes No Yes No Yes No
5.	HAS COMPANY BEGUN DISCHARGING ANY NE A. List pollutants & process:	W POLLUTAN	TS SINC	E THE LAST INSP	? Yes No
	B. Will MSD STP exceed existing NPDD C. Will MSD STP's discharge exceed (MSD must notify MDNR if B or C D. Comments:	0.1 mg/l f	or any r	new pollutant?	Yes No Yes No No
6.	ARE THERE ANY FEDERALLY REGULATED (4 A. If yes, list reg. & describe (inc				Yes⊠ No□

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2

14.	HAV A.	E THERE BEEN ANY PR Upsets?  Byj		ISCHARGES f pretrea				N.S.			Yes_	№⊠
	А.			arges?		ther?	res:					
	В.	Explain any marked	_		, -							
15.	ARE	E ANY SOLVENTS USED:	<b>,</b>								Yes⊠	№□
	Α.							Prio	rity			3/469
		List solvents	Used fo	r?		How dis	posed?		utant	?	Proce	
		Methylene	lab rea	gent	Ī		offsite	Yes	ON D	7 1	Yes	Ио⊠
		Chloride		_				-		-	-	
		Phenol	disinfe	ctant		evapora	tes	Yes	] No[		Yes 🗌	No🛛
		Xylene	lab rea			hauled	offsite	Yes	] ио[		Yes	$No \boxtimes$
		Acetone		eagent-dry lassware	ying	evapora	tes	Yes	] No[	3	Yes[	No⊠
		,						Yes[	] No[		Yes[	No
								Yes[	] No[		Yes[	No.
17.	B. ARE A. B. C.	If no, how are the THERE ANY AREAS WH If yes, describe: What needs to be do	SANITAR to be d  y contro  ERE COMP one? water Di ther the	RY SEWERS lone? E t r a clled? clled? cscharges" ere are an LUG OR SOI SMP? 413/433	OR SESTABLE COMMENTAL COMM	TORM DRA ish suf oiler tr I have s this : S IMPAIR chure gir	INS? ficient s ceatment written issue.  STORMWAS ven to co	second chemi a con TER RU ompany S(SMP) ile?	cals ompli NOFF?	in ance	the better	oiler
		Management Plan	20 4114	1.7.1.	' '	23/3/	10/1	1	.10			
				N/A			N/A	1	N/A			
	L			N/A			N/A		A/k			
	В.	Are any Plans need (write company and			thos	se liste	d in Part	: A?			Yes⊠	No[
19.	HAZ.	ARDOUS WASTES:										
	Α.	Was the company informe (RCRA) exist and may po	tentially	apply to in	ndustr:	al users?					Yes⊠	No
	В.	Is there any discharge reported to MSD (under If yes to B, list haz w	40 CFR 403		ardous	waste whi	ch has not	been p	reviou	sly	Yes 🗌	No⊠
	D. E.	Was the company provide form for the above regularies comments:	d with a 'llations (r	"Public Noti regardless o	ice/Haz of whet	. Waste D her there	ischarge No are any di	tificat scharge	ion" es)?		Yes⊠	No
20.	Α.	EMERGENCY NOTIFICA Are MSD contacts 1: If no to either, de	isted?			)?					Yes⊠ Yes⊠	
	٠ سد	TE THE CO ETCHET, OR	- ロしエエルピ .	now nand.	.cu:							

21.	A. If B. If	yes, other	requirement,	nt is contair date & desc	ned in permit	IR DISCHARGES?  Or other document  arterly	Yes 🖸	No[]
	E. Ha	we rep			quired? qu mplete & sign	ed by proper person?	Yes⊠	No
22.	A. Is B. Ar C. Do	the see repropersions	self-monito resentative nple collec	oring require grab/comp s	samples collection match co		Yes⊠ Yes⊠ Yes⊠ Yes⊠	No
	E. If	no to	-approved 4 B, C or I needed cha		astewater tes —	t methods used?	Yes⊠	No
23.	A. If B. Ho	yes, w does lding t	is company company insur imes & analyt	e proper presented ical methods?	samples analy	• -	Yes Yes	
	D. Ha	ve resu		itted within 28		lyses since the last insp? endar quarter of collection?	Yes Yes	
	F. Do		mpany still	want to spl	lit samples?		Yes 🗌	№М
24.	TO SU	BMIT C	OMPLIANCE S	SCHEDULE REP		NT ORDERS OR REQUIREMENTS	Yes 🗌	No⊠
	В. На	ve the	type and de reports & explain:		en on-time & (	complete?	Yes[]	No
25.	A. If	yes,				(ask company)	Yes Yes	
		_			tion Control	informed? (must be done)	Yes_	No
26.				NEED TO BE			Yes 🗌	No⊠
	No		CIU [] ess Flow [] changes:	Surcharge [ Multi-U			ic Waste lling [	
27.		POIN'	<del></del>					(y/n)
	SP #	001	Fed.Reg.		Components:	Hospital waste, Kitchen Cooling tower and blowdown, Sanitary, Storm	boiler	No
	SP #	004	Fed.Reg.		Components:	Hospital waste, Sanitary water	, Storm	No
	SP #	005	Fed.Reg.		Components:	Hospital waste, Sanitary autoclaves, Storm water	, NCCW-	No
	SP #		Fed.Reg.		Components:			N/A
	SP #		Fed.Reg.		Components:			N/A
28.	ARE DI	SCHARO	SES AT ANY and reaso	SPs SMALL/IF	RREGULAR ENOU	GH TO ALLOW GRAB SAMPLES?	Yes 🗌	No⊠

(01/08)

29.	ANY UNSAMPLED DI	SCHARGES? (list eac	h lateral separate	ly)	Yes 🗌	$No \boxtimes$
	Dummy SP #	Components:				
	Dummy SP #	Components:				
30.	DO ANY SAMPLE POI A. List SPs: <u>SP</u>	NTS (including Unsa 001, SP004, SP005	mpled/Dummy SPs) R	ECEIVE STORMWATER?	' Yes⊠	Ио
31.	A. If any SPs c	POINTS OPENED AND I	opened, explain:		Yes⊠	No
	C. Was ANY grea	script's need to be se or other problem	/debris observed i		Yes 🗌	No
	<del>-</del>	list SPs & describ was company direct		ive actions?	Yes 🗌	No
32.	REVIEW THE SAMPLE			p revision date: _		
	A. Is the map	correct and accurat	e in all its detai	ls?	Yes	NoX

Add SP005 as an active sample point

If no, what changes are needed?

В.

USE THIS SPACE FOR ANY OTHER COMMENTS/OBSERVATIONS PERTINENT TO YOUR INSPECTION OF THIS SITE. Bud Frederick was unavailable to go over the questions in the inspection report on 1/15/08, so I took the tour with Mark Stewart. Cardinal Glennon Childrens Hospital is nearing the completion for their x-ray department going into digital photography. Currently, there is one x-ray machine which employs the Silver based x-ray process that discharges to SP001 as a hospital waste. Note, until all of these processors have been removed Silver will remain as a monitoring requirement for this facility. During the tour of the facility on January 15, 2008, it was observed that a new building exists on this hospital complex (the west building). The west building contains a 60-bed patient facility, various storage areas, an Operating room, and a Central Processing Department for sterilizing medical tools and equipment. A routine discharge of 600 gpd associated from the Noncontact cooling water from the Autoclave. I have added SP005 as a active sample point for this facility, since there is no way to segregate the wastewater discharge from this building from any other source. The location of this sample point is a manhole 12' N, 10' E from the NW corner of the west building. I have faxed blank copies of pages 3, 4 of the Industrial User Questionaire to make the necessary changes to reflect their facility's current conditions and modify their permit.

#### ropolitan st. louis sewer distric INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL Premise Address

4112195400 PRIMARY MSD ACCOUNT NO.

1465 South Grand Blvd. St. Louis MO. 63104

INDUSTRIAL/USER CLASSII	FICATIONS	WUNN	ENBE	RG INF	O.			SIU CI	RITERI	A			-
03/06/1997 SIU	,	Base Mar	20F3				POTM Reas	onable notent	ial for a	dvarca affac	t on		
03/06/1997 PTW		Wun:St. I	ouin Ci	. e C.			TOTMICCAS	onable potent	101 101 a	uverse arrec	t on		
				-									
		Grid: H 2	I Page	38									
ENERAL INFORMATION		INSPE	CTIO	N INFO	RMATI	ON .	PERMIT	NFORMAT	ION	Î	UQ INF	ORMATIO	N
Office Mailing Address	i	Next Due					Issue Date	: 05/01/2	005	IŪQ	Recvd D	ate: 10/2	9/1999
1465 South Grand Blvd	•	Insp Rslt					Expire Da	te: 04/30/2	010	Revi	ewer:	Fabian Grab	ski
St. Louis, MO. 63104-1095		01/25/200	8 RIN	David	Kupke		Extended	Date: 12/31	/2007	IUQ	Recvd D	ate: 12/2	0/2004
Billing Address					•		Writer	Fabian	Grabski	Revi	ewer:	David Kupk	e
1465 South Grand Blvd.							Issue Date	: 01/01/2	800	L	***************************************		
St Louis, MO. 63104							Expire Da	te: 04/30/2	010				
							Extended	Date:					
							Writer	Scott Re	ehmer				
CONTACTS				lereki-xanananan					-				
BILL Bud Frederick	Facility Man	ager		(	OFF	(314)	577-5327 Ext.						
FLD1 Bud Frederich	Facility Man	ager		(	OFF	(314)	577-5327 Ext.						
FLD2 Mark Stewart	Maintenance	Mechanic			OFF	(314)	577-5307 Ext.						
FLD3 Jack Mitchell	Maintenance	Mechanic		(	OFF	•	577-5600 Ext.						
OFF1 Rich Cunningham	Director of S	afety & Sec	urity		OFF	• •	268-4117 Ext.	.					
OFF2 Bud Fredrick	Facility Man	•	,		OFF		577-5327 Ext.						
PERATIONAL INFORMATIO		agu		*	J1·1·	(314)	377-3327 EXt.			оти	ED ACE	NEIECINE	ORMATIO
	9.11						09/29/1997	EPA - Haza	rdoue V				07.07.07.07.07.07.07.07.07.07.07.07.07.0
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2 400 04:00PM	8.0	Y Y	Y	Y .	ΥΥ	Y	11/03/177/						
							11/03/1997	Nuclear Re	oulators	Commissio	<b>7</b> 12	24.30	106.07
3 350 12:00AM	8.0	Y Y	Y		YY	Y	11/03/1997						196-07 0
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		Y Y					11/10/2000 11/10/2000	MDNR - H MDNR - H	azardou azardou	s Waste Pro s Waste Pro	ogram ogram	00131 00131	0 0
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Total Emp: 1,350 Hrs: 2	24.0		Y	Y			11/10/2000 11/10/2000	MDNR - H MDNR - H MSD - Bill	azardou azardou ing Acc	s Waste Pro s Waste Pro ount Numbe	ogram ogram er	00131 00131	0 0 068
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Total Emp: 1,350 Hrs: 2 ON-SEWERED WASTE  On-Site Storage On-Site	24.0		Y	Y			11/10/2000 11/10/2000 09/28/2005	MDNR - H MDNR - H MSD - Bill	azardou azardou ing Acc	s Waste Pro s Waste Pro ount Numbe	ogram ogram er	00131 00131 00208	0 0 068
Total Emp: 1,350 Hrs: 2 ON-SEWERED WASTE  On-Site Storage On-Site	24.0		Y	Y			11/10/2000 11/10/2000 09/28/2005	MDNR - H MDNR - H MSD - Bill	azardou azardou ing Acc	s Waste Pro s Waste Pro ount Numbe	ogram ogram er	00131 00131 00208	0 0 068
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Fotal Emp: 1,350 Hrs: 2 ON-SEWERED WASTE   On-Site Storage On-Site	24.0		Y	Y			11/10/2000 11/10/2000 09/28/2005	MDNR - H MDNR - H MSD - Bill	azardou azardou ing Acc	s Waste Pro s Waste Pro ount Numbe	ogram ogram er	00131 00131 00208	0 0 068
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Fotal Emp: 1,350 Hrs: 2 ON-SEWERED WASTE On-Site Storage On-Site  AW MATERIALS	e Disposal	Off-Site	V	Y	YY	Y SI S	11/10/2000 11/10/2000 09/28/2005 09/28/2005	MDNR - H MDNR - H MSD - Bill MSD - Bill	azardou azardou ing Acco	s Waste Pro s Waste Pro ount Number ount Number	ogram ogram er	00131 00131 00208	0 0 068
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Total Emp: 1,350 Hrs: 2 ON-SEWERED WASTE On-Site Storage On-Site  AW MATERIALS EFF DATE MATERIAL_E	e Disposal	Off-Site	V	Y	YY	Y SI S	11/10/2000 11/10/2000 09/28/2005 09/28/2005	MDNR - H MDNR - H MSD - Bill MSD - Bill TION	azardou azardou ing Acci ing Acci	s Waste Pro s Waste Pro ount Numbe ount Numbe	ogram ogram er	00131 00131 00208	0 0 068
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Report No. PIMS012A Data Date & Time:

02/05/2008 02/05/2008

7:36:13 am 7:36:13 am

#### TROPOLITAN ST. LOUIS SEWER DISTRIC INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL
NO. 4112195400 Premise Address

PRIMARY MSD ACCOUNT NO.

4112195400

1465 South Grand Blvd. St. Louis MO. 63104

LATERAL NO.	and SAMPLE ROINT INFORMATION  Lateral Type	DSMH Tr	eatmen	ıt Area	Bissell Po	int		
01	Sanitary Or Combined	20F3 350C	Truni	k Sewer	Ohio - Mo	ontrose		
Description	Line from building northwest to Vista Av.	•						
Sewer Route	West on Vista to 39th St, continuing West to							
SAMPLE POIN	IT NO. 001 Ordinance	NPDI	ES Outf	fall No.				
Description	MH on sidewalk S of Vista Ave., E of overl	head walkway, Flow fro	m SE					Effective
Discharge Com	ponents Process Description	Avg Flow	Unit	Max	Flow	Unit	RUD	Date
Sanitary		34,000	GPD			GPD	D	12/20/04
Non Contact Cool	lin Autoclaves	220	GPD			GPD	D	12/20/04
Cooling Tower Bl	lov		GPD			GPD	D	12/20/04
Hospital Waste		25,115				GPD	D	12/1/05
Kitchen Waste		-	GPD			GPD	D	12/1/05
Storm Water			GPD			GPD	D	1/25/08
	Total Flow Avg =	70,890		Max =				
	and SAMPLE POINT INFORMATION					000000000000000000000000000000000000000	000000000000000000000000000000000000000	accessos acc
LATERAL NO.	Lateral Type		eatmen		Bissell Po			
03	Sanitary Or Combined	20F3 360C	Trunl	k Sewer	Ohio - Mo	ontrose		
Description	8" line exiting NW from SW main hospital (							
Sewer Route	N along Spring, W along Vista,to 39th St, co							
SAMPLE POIN	IT NO. 004 Ordinance	NPDI	ES Outf	fall No				
				an ivo.				
Description	MH 3' W from SW corner of emergency bu	ilding		ian 140.				
•	MH 3' W from SW corner of emergency bu					₩ 7 °.4	DUD	Effective
Discharge Com	ponents Process Description	Avg Flow	Unit		Flow	Unit	RUD	Date
Discharge Com Hospital Waste		Avg Flow 3,000	Unit GPD		Flow	GPD	D	Date 12/1/05
Discharge Com Hospital Waste Sanitary	ponents Process Description	Avg Flow 3,000 4,000	Unit GPD GPD		Flow	GPD GPD	D D	Date 12/1/05 12/1/05
Discharge Com Hospital Waste Sanitary	ponents Process Description  X-ray, and laboratory services	Avg Flow 3,000 4,000	Unit GPD	Max	Flow	GPD	D	Date 12/1/05
Hospital Waste Sanitary Storm Water	ponents Process Description  X-ray, and laboratory services  Total Flow Avg =	Avg Flow 3,000 4,000	Unit GPD GPD		Flow	GPD GPD	D D	Date 12/1/05 12/1/05
Discharge Com Hospital Waste Sanitary Storm Water	ponents Process Description  X-ray, and laboratory services  Total Flow Avg =  and SAMPLE POINT INFORMATION	Avg Flow 3,000 4,000 0 7,000	Unit GPD GPD GPD	Max  Max =	<b>****</b>	GPD GPD GPD	D D	Date 12/1/05 12/1/05
Discharge Com Hospital Waste Sanitary Storm Water CONNECTION LATERAL NO.	ponents Process Description X-ray, and laboratory services  Total Flow Avg =  and SAMPLE POINT INFORMATION Lateral Type	Avg Flow 3,000 4,000 0 7,000  DSMH Tr	Unit GPD GPD GPD	Max  Max =	Bissell Po	GPD GPD GPD	D D	Date 12/1/05 12/1/05
Discharge Com Hospital Waste Sanitary Storm Water CONNECTION LATERAL NO.	ponents Process Description  X-ray, and laboratory services  Total Flow Avg =  and SAMPLE POINT INFORMATION	Avg Flow 3,000 4,000 0 7,000	Unit GPD GPD GPD	Max  Max =	<b>****</b>	GPD GPD GPD	D D	Date 12/1/05 12/1/05
Discharge Com Hospital Waste Sanitary Storm Water CONNECTION LATERAL NO. 04	ponents Process Description X-ray, and laboratory services  Total Flow Avg =  and SAMPLE POINT INFORMATION Lateral Type	Avg Flow 3,000 4,000 0 7,000  DSMH Tr	Unit GPD GPD GPD	Max  Max =	Bissell Po	GPD GPD GPD	D D	Date 12/1/05 12/1/05
Discharge Com Hospital Waste Sanitary Storm Water  CONNECTION LATERAL NO. 04 Description	ponents Process Description X-ray, and laboratory services  Total Flow Avg =  and SAMPLE POINT INFORMATION Lateral Type Sanitary Or Combined	Avg Flow 3,000 4,000 0 7,000  DSMH Tr	Unit GPD GPD GPD	Max  Max =	Bissell Po	GPD GPD GPD	D D	Date 12/1/05 12/1/05
Discharge Com Hospital Waste Sanitary Storm Water  CONNECTION LATERAL NO. 04  Description Sewer Route	Total Flow Avg =  and SAMPLE POINT INFORMATION  Lateral Type Sanitary Or Combined  8" lateral exiting W from North side West b	Avg Flow 3,000 4,000 0 7,000  DSMH Tr 20F3 350C	Unit GPD GPD GPD	Max =	Bissell Po	GPD GPD GPD	D D	Date 12/1/05 12/1/05
Discharge Com Hospital Waste Sanitary Storm Water  CONNECTION LATERAL NO. 04 Description Gewer Route SAMPLE POIN	Process Description X-ray, and laboratory services  Total Flow Ave =  and SAMPLE POINT INFORMATION Lateral Type Sanitary Or Combined  8" lateral exiting W from North side West b N onto Vista Ave., West on Vista to 39th St	Avg Flow 3,000 4,000 0 7,000  DSMH Tr 20F3 350C	Unit GPD GPD GPD	Max =	Bissell Po	GPD GPD GPD	D D	12/1/05 12/1/05 1/25/08
Discharge Com Hospital Waste Sanitary Storm Water  CONNECTION LATERAL NO. 04 Description Sewer Route SAMPLE POIN Description	Total Flow Avg =  and SAMPLE POINT INFORMATION Lateral Type Sanitary Or Combined  8" lateral exiting W from North side West b N onto Vista Ave., West on Vista to 39th St  IT NO. 005 Ordinance Manhole 12' N, 10' E from the NW corner of	Avg Flow	Unit GPD GPD GPD eatmen Trunk	Max =  at Area k Sewer  fall No.	Bissell Po Ohio - Mo	GPD GPD GPD int ontrose	D D D	12/1/05 12/1/05 1/25/08
Discharge Com Hospital Waste Sanitary Storm Water  CONNECTION LATERAL NO. 04 Description Sewer Route SAMPLE POIN Description Discharge Comp	Total Flow Avg =  and SAMPLE POINT INFORMATION Lateral Type Sanitary Or Combined  8" lateral exiting W from North side West b N onto Vista Ave., West on Vista to 39th St.  IT NO. 005 Ordinance Manhole 12' N, 10' E from the NW corner of ponents  Process Description	Avg Flow	Unit GPD GPD GPD eatmen Trunk	Max =	Bissell Po Ohio - Mo	GPD GPD GPD int ontrose	D D D	12/1/05 12/1/05 1/25/08
Discharge Com Hospital Waste Sanitary Storm Water  CONNECTION LATERAL NO. 04 Description Sewer Route SAMPLE POIN Description Discharge Com Non Contact Cool	Total Flow Avg =  and SAMPLE POINT INFORMATION Lateral Type Sanitary Or Combined  8" lateral exiting W from North side West b N onto Vista Ave., West on Vista to 39th St.  IT NO. 005 Ordinance Manhole 12' N, 10' E from the NW corner of ponents  Process Description	Avg Flow	Unit GPD GPD eatmen Trunk ES Outf	Max =  at Area k Sewer  fall No.	Bissell Po Ohio - Mo	GPD GPD GPD int ontrose	D D D	12/1/05 12/1/05 1/25/08 Effective Date 1/25/08
Discharge Com Hospital Waste Sanitary Storm Water  CONNECTION LATERAL NO. 04  Description Sewer Route SAMPLE POIN Description Discharge Com Non Contact Cool Hospital Waste	Total Flow Avg =  and SAMPLE POINT INFORMATION Lateral Type Sanitary Or Combined  8" lateral exiting W from North side West b N onto Vista Ave., West on Vista to 39th St.  IT NO. 005 Ordinance Manhole 12' N, 10' E from the NW corner of ponents  Process Description	Avg Flow 3,000 4,000 0 7,000  DSMH Tr 20F3 350C  NPDI of the west building Avg Flow 600 2,500	Unit GPD GPD eatmen Trunk CS Outf	Max =  at Area k Sewer  fall No.	Bissell Po Ohio - Mo	GPD GPD GPD int ontrose	D D D	Date  12/1/05 12/1/05 1/25/08  Effective Date  1/25/08 1/25/08
Discharge Com Hospital Waste Sanitary Storm Water  CONNECTION LATERAL NO. 04 Description Sewer Route SAMPLE POIN Description	Total Flow Avg =  and SAMPLE POINT INFORMATION Lateral Type Sanitary Or Combined  8" lateral exiting W from North side West b N onto Vista Ave., West on Vista to 39th St.  IT NO. 005 Ordinance Manhole 12' N, 10' E from the NW corner of ponents  Process Description	Avg Flow 3,000 4,000 0 7,000  DSMH Tr 20F3 350C  NPDI of the west building Avg Flow 600 2,500	Unit GPD GPD eatmen Trunk ES Outf	Max =  at Area k Sewer  fall No.	Bissell Po Ohio - Mo	GPD GPD GPD int ontrose	D D D	Date  12/1/05 12/1/05 1/25/08  Effective Date 1/25/08

Report No. PIMS012A	02/05/2008	7:36:13 am
Data Date & Time:	02/05/2008	7:36:13 am

001 12/29/1998 DC20 Electrolysis 001 12/29/1998 DC32 Metallic Replacement 001 02/20/2003 DC28 Grease Trap 004 03/03/2004 DC32 Metallic Replacement

#### TROPOLITAN ST. LOUIS SEWER DISTRIC INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME SSM CARDINAL GLENNON CHILDREN'S HOSPITAL PRIMARY MSD ACCOUNT NO. 4112195400 Premise Address

1465 South Grand Blvd. St. Louis MO. 63104

Pollutant Description	<u>Status</u>	Pollutant Description	<u>Status</u>	Pollutant Description	Status
Silver (Total)	KP	Mercury (Total)	KP	Phenol	KP
2,4-Dinitrophenol	KP	Methylene Chloride	KP	Chloroform	KP

Report No. PIMS012A Data Date & Time:

02/05/2008 02/05/2008 7:36:13 am

•		Company Name: The State of Prince Address: The State of Prince of
SECT	TION C - WATER CONSUMPTION AND WASTEWATER DISC	CHARGES
1.	Raw Water Source(s):  City of St. Louis Water Div.  Missouri American Water Co.  Other municipal source  Hauled by contractor	Surface water  Private well  Other (describe)
2.	Water Bill Addressee:	al Clampa Hamixal
3.	Water Service Account Numbers:	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
4.	List past twelve months water usage from:  1st 3 mo period  2nd 3 mo period  3rd 3 mo period  4th 3 mo period  Water Bills and Other Sources Total:  1st 3 mo period  1through  1through	Water Bills  Other Sources  Cof  Cof  Cof  Cof  Cof  Cof  Cof  Co
5.	Describe any treatment or conditioning process performed ovolume in 6h below):	on the raw water before use (list regeneration/reject water
6.	Identify all water uses within your facility:	<ol> <li>Identify all water losses and wastewater discharges from your facility:</li> </ol>
•	Water Uses  Estimated Average Daily Use (Gal per workday)  a. Sanitary	Water Uses    Estimated Average   Daily Loss/Discharge   (Gal per workday)
	c. Non-contact cooling water d. Contact cooling water e. Process water lawy for water f. Plant & equipment washdown	Watercourse, storm drain, surface c. Haulers Evaporation e. Contained in product
0	i. Other uses j. Total of USES ( 6a through 6h ):  (6a through 6i must equal total at item 4)  For each activity you listed in Sections B 1 and B 5. list the	f. Total of LOSSES & DISCHARGES: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

(6a through 6i must equal total at item 4) 8. For each activity you listed in Sections B.1 and B.5, list the average water usage and average wastewater discharge per workday. Attach additional sheets, if needed. (Total Avg. Water Use must equal total for 6e)

5.

6.

_			•	_				
	Item	Activity	Туре	of Disch	narge	Avg. Water Use	Avg. Discharge to	Date when activity first
	No	Activity	Cont	Batch	None	(GPD)	Mun Sewer (GPD)	commenced at this facility
*		Souther - PON OFFICER		0	0	19400	17400	RECEIVED
		Land Congotian	$\circ$	0		11871	0	FFD 1 5 2000
		Houseld haute		0	$\circ$	1/1/20	36 1111	FEB 1 5 2008
		NCOW-AULO CLOVE	0	0	0	J'690	_ 60 [	EPT. OF ENVIRONMENTA
		Kirchen harre	0		0	fore	8000	COMPLIANCE
		Cyling YONER Bailer Now		Ò	0	849	12/16	
	***************************************		$\circ$	0	0			
			0	0	0			
	,	^			Total:	29440	6)(,)0	
Ver. 5/2007	*	Estimate water wage for	۰.0 P	age 3	1.	1 -11 - 0	00 1	nous pldg
1.0		4410 4410 1	n #.	$h\mathcal{Q}\mathcal{M}$	119	moses a	ccount 1	val nigh
R.F.		2-15-08		•	•			•

Company Name: Premise Address:

Jan Can	dinal 6	lengon	Childron	Hap.
	0.00	UIVY	•	

Total avg flow per

workday(GPD)

Upstream to other point?

Yes / No

0

#### **SECTION D - SEWER CONNECTION INFORMATION**

(inches)

Number

001

- 1. Attach a scale drawing of your premise, which shows (for permit renewals, highlight any changes since last application):
  - All buildings, structures, alleys, streets and other pertinent features.
  - All sewers and drains, including all connections, inlets, manholes, vents and other access or control structures. Identify each sewer as sanitary, storm or combined and indicate its size.

Kin MH on videnal Ky J of Virg Are

- C. A sampling point for each connection to the public sewer.
- d. A sampling point for each discharge from a federally regulated categorical process.
- A sampling point for each discharge to a separate storm sewer or watercourse.
- 2. List each sampling point identified in 1c, d and e above and each connection for which there is no sampling point. Assign a sequential reference number to each location, starting with No. 1. Attach additional sheets, if needed.

Description of sewer sampling point or connection.

(Vent, manhole, valve, other appurtenance. Indicate size & location)

	7				0-12-VII-11-11-11-11-11-11-11-11-11-11-11-11-1	_ 0	0 _		
<b>,</b> Tr	AN E WASTEWATER INFOR	NA TION		Gra	and Total Ave	erage Flow p	per Workda	y:	
, 11	ON E - WASTEWATER INFOR For each point listed in Section Attach additional sheets, if need	D.2 above, lis	st the waste	ewater discl	harge corres	sponding to	each wate	r usage list	ed in Section (
		Discha	arge Quantity (	(GPD-workday	) for each samp	ling point or co	onnection liste	d in D.2	
	Type of Wastewater	1	2	3	4	5 🛊	6	7	Facility Tot (See instr.
		upstream to	upstream to	upstream to	upstream to	upstream to	upstream to	upstream to _	_l
	a. Sanitary	34000	·	-	4000	1480			0
	c. Non-contact cooling water	***************************************				600	·	•	0
•	d. Contact cooling water			÷	~ <del>~</del>		-		0
	e. Process (From C.8)	1.2511				- A		***************************************	0
	Haspital Wa	DQ 25, 112			3000	8000			0
	- V+0 11 +6		***	-					0
	Kitchenwarte	_ 8,000		-				***************************************	0
						***************************************	***************************************		. 0
			-	-					0
					-				0
						-			0
									0
	f. Plant & equipment washdown		<i>,</i> ————————————————————————————————————	• •					0
	g. Boiler blowdown—Cercling	35,55		* *************************************	• •				0
	h. Regeneration/reject water		***************************************					***************************************	0
	i. Other					***************************************	***************************************		0,
	Totals ( Same as D.2 ):	20,670	)	- w	7000	10,000		<del>,</del>	0876
	If any of the above points discha	arge to a wate	ercourse or	to a separa	ate storm se	wer, comple	ete the follo	wing:	
	NPDES Outfall Number								
	NPDES Permit Number			***************************************				REC	EIVED
	Do any of the above sampling p	oints also cor	ivey storm	water from y	your premise	∍?		FEB	1 5 2008
	Do you pretreat any of the waste	es discharged	through a	ny of the ab	ove points?	•	Di	PT. OF EN	VIRONMENTA PLIANCE



#### Metropolitan St. Louis Sewer District

Division of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913

Phone: 314.768.6200 www.stimsd.com

January 30, 2008

Bud Fredrich
Facility Manager
SSM CARDINAL GLENNON CHILDREN'S HOSPITAL
1465 Grand Avenue
St. Louis. MO 63104

Re: Containment issue in the Boiler room

Dear Mr. Fredrich:

During the January 15, 2008 tour of your facility, I observed that several boiler treatment chemical drums that are stored in the boiler room do not have any secondary containment. Please note that the normal usage of these chemicals would be very dilute into the boiler system. A drum leak or rupture could easily reach the floor grate and introduce excessive amounts of boiler treatment chemicals into the sewer system.

MSD Ordinance 12259 Article VII Section 9 states ... Each user shall provide safeguards against accidental discharges to the District's system of prohibited substances or of regulated substances in excess of limitations and of slug discharges. Facilities to prevent accidental discharges and sludge discharges shall be provided and maintained at the user's expense.

As required by Ordinance 12259, please contain these 55-gallon drums located inside of your facility's boiler room or move these drums to another location where containment can be provided.

Please notify this office of your facility's corrective action plan by <u>February 25, 2008</u>. Thank you for helping us comply with federal and state regulations. If you have any questions, please contact me at 314.436.8764.

Sincerely,

METROPOLITAN ST. LOUIS SEWER DISTRICT

David W. Kupke

**Environmental Engineering Associate** 

PC: Suspense File

Enclosures: Ordinance No. 12259

PRIORITIES PERFORMANCE SERVICE

#### PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PARTI: IL	DENTIFTING INFORMATION			
Company Name:	SSM CARDINAL GLEN	NONE HOSPITAL		
Permit No:	41121954-00			mananidassa pinnyajinkan kanada kahala sa Sandaning da kanya sa
Premise Address	1465 S. Grand Bly	d. St. Louis, N	10_63103-1095	
Monitoring Period	i: □(JAN-MAR) `	□(APR-JUNE)	□(JULY-SEPT)	(OCT-DEC)
Samples Collecte	d By: MIDWEST TESTIN	IG LABORATORIES,	INC	
Analyses Perform	ned By: MIDWEST TESTI	NG LABORATORIES	INC	<u></u>
			•	

PART II: ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS	·>	00/72,000	004 7000		
DATES ON WHICH SAMPLES WERE COLLECTED		11-8-07	11-8-07		
TIMES AT WHICH SAMPLES WERE COLLECTED		8:40-2:20p	m 8:55-2:35pm	l v	
PARAMETER	LIMIT	· ·	ND RESULTS BELOW , E=estimated flow	UNITS	
FEON					
OIL & GREASE	200	24	9		mg/I
BOD	200	484	181		mg/I
COD	****	713	246		mg/I
TOTAL SUSPENDED SOLIDS	****	52	275		mg/I
TEMPERATURE(Degrees C)	60	21.2	20.6		
pH (Std. Units)	5.5-1	· · · · · · · · · · · · · · · · · · ·	8 49		
ŚILVER	.5	0.01	0.01		mg/I
					<b> </b>
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You must complete and sign the certification statements on the reverse side.

DEC 0 4 2007

#### PART III: SPECIAL CERTIFICATION STATEMENTS



Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A.	If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following
	certification:  I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s)
В.	If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.
C.	If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:  I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.
D.	If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:
	I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
Ε.	If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required
	to make the following certification:  I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR
F.	Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following-certifications:    Certify, since the last discharge monitoring report cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.6
<b>G.</b>	Discharges Subject to Categorical Standards for Electroplating (40 CFR 413); Metal-Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:  Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.
PART	IV: GENERAL CERTIFICATION STATEMENTS
Initial th	e box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.
<b>A</b> .	Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:  In lieu of monitoring for TTO at sample point(s)
B	DISCHARGE MONITORING REPORT CERTIFICATION
designed who mail and beli	under penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system d to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons nage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge of, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine risonment for knowing violations.
Print or	type name of signing official: Byy trederich
Title:	Derector of Fucilities Telephone: 577-5327
Signatu	re: Buel Frederich Date: 11/28/07
	2 SMF 1093



PART I: IDENTIFYING INFORMATION

Company Name: Cardinal Glennon Hospital
Permit No: - 41121984-00

Premise No:

1465 S. Grand, 63104

Reporting Period: □(JAN-MAR)

□(APR-JUNE)

(JULY-SEPT)

□(OCT-DEC)

#### PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

#### PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

#### A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

14

I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

#### B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print/type name of signing official: Kevin Ferguson	RECEIVED
Title: Health Physicist	Telephone: 977-6896
Signature:	Date: 10/3/07 UC1 U J 2001
700/	ENVISION OF ENVISION OF



SAINT LOUIS UNIVERSITY

October 3, 2007

1402 South Grand Blvd. St. Louis, MO 63104-1085 Fax: 314-977-5560

Health Sciences Center Office of Environmental Safety and Services

Environmental Safety Office (C307) 314-977-8608

Radiation Safety Office (RB5) 314-977-8609

Douglas M. Mendoza
Industrial Waste Engineer
Metropolitan St. Louis Sewer District
Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(FAX #: 436-8753)

SUBJECT: Quarterly Reports Of Radionuclide Discharge For The Period July - Sept. 2007

#### Dear Mr. Mendoza:

Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for <u>all</u> Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Tim Hill (Anheuser Busch Eye Institute, Saint Louis University Hospital).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by Cardinal Glennon) will be incorporated into this report.

If you have any questions regarding these reports, please contact me at 977-6896.

Sincerely,

Kevin Ferguson Health Physicist

RECEIVED

OCT 0 5 2007

#### PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: _	SSM CARDINAL (	GLENNONE HOSPITAL	······································	
Permit No:	41121954-00			
		Blvd. St. Louis	MO 63103-1095	
Monitoring Period:	□(JAN-MAR)	□(APR-JUNE)	□(JULY-SEPT)	□(OCT-DEC)

Samples Collected By: MIDWEST TESTING LABORATORIES INC

Analyses Performed By: MIDWEST TESTING LABORATORIES INC

PART II: ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS	>	0	011		004			
DATES ON WHICH SAMPLES WERE COLLECTED	>	8	3-16-07	8	-16-07			
TIMES AT WHICH SAMPLES WERE COLLECTED	>	8:2	.5-2:40pm	8:	35-2:50pm		*	
PARAMETER	LIMIT	R	ECORD SAMPLE TY egrab, Cecompos	PES (	G, C, M OR E) A	ND RES		UNITS
FLOW *			70,000		6,500			
OIL & GREASE	200		19		23			mg/L
BOD	200		186		369			mg/L
COD	****		258		512			mg/L
TOTAL SUSPENDED SOLIDS	****		59		340			mø/I.
TEMPERATURE(Degrees C)	60		30.7		28 6			
pH (Std. Units)	5.5-1		6.74		8.07			
SILVER	.5		0.01		0.01			mg/L
							-	
						·	proclama del Maria Milla de Calendra de Ca	
001-	004						and deconomical difference delegation and despression and described and	
4800	1							
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					000000000000000000000000000000000000000		oonnoonnoonggeppoonnoonnoonde 49-49-49-49-49-49-49-49-49-49-49-49-49-4	
* Confirmed by phone call				1				
* Confirmed by phone call with Brd Frederich on 9-17-07.			n Chairman panamistra ya ya ya da asaa da asaa ahaa ahaa ahaa ahaa ah				**************************************	
SR								
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You must complete and sign the certification statements on the reverse side.

SEP 14 2007

PART III:

#### SPECIAL CERTIFICATION STATEMENTS



Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

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	I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s)
8.	If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.
C.	If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:  I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.
D.	If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:
	I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
E.	If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR
F.	Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following-certifications:    Certify: since the last discharge monitoring report cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439:
<b>G</b> .	Discharges Subject to Categorical Standards for Electroplating (40 CFR 413); Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:
	Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.
PART	IV: GENERAL CERTIFICATION STATEMENTS
Initial t	the box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.
<b>A</b> . 	Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:  In lieu of monitoring for TTO at sample point(s)
<b>B</b>	DISCHARGE MONITORING REPORT CERTIFICATION
design who ma and be	y under penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system ed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons anage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge lief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine personment for knowing violations.
Print o	r type name of signing official: Bup FredericH
Title:	toulitie Telephone: 577-5327
Signati	ure: Buel Tredevil Date: 4-11-07

2

SMF 10/93

### ETROPOLITAN ST. LOUIS SEWER DISCICTUSTRIAL USER SELF MONITORING REPORT

(5)

MSD

19 8-13

#### PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDI	ENTIFFING INFORMATION			
Company Name: _	SSM CARDINAL GLE	ENNONE HOSPITAL		
Permit No:	41121954-00			
		vd. St. Louis, M	40 63103-1095	
Monitoring Period:	□(JAN-MAR)	(APR-JUNE)	□(JULY-SEPT)	□(OCT-DEC)
Samples Collected	By: MIDWEST TESTI	NG LABORATORIES,	INC	
Analyses Performe	d By: MIDWEST TEST	ING LABORATORIES	TNC	

PART II: ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS	>	001	004		
DATES ON WHICH SAMPLES WERE COLLECTED	******>	5-9-07.	5-9-0.7		
TIMES AT WHICH SAMPLES WERE COLLECTED	>	8:30-2:30pm	8:40-2:40pm		
PARAMETER	LIMIT	il .	S (G, C, M OR E) AND e, M≕measured flow,	4	UNITS
FUOW OIL & GREASE	200	12	8 -		mg/L
BOD BOD	200	180	218		mg/L
COD .	200	348	445		mg/L
TOTAL SUSPENDED SOLIDS	****	130	240		mg/L
TEMPERATURE(Degrees C)	60	26.1	24-8		₩ <b>ĕ</b>
pH (Std. Units)	5.5-1	6.90	7.19		
SILVER	. 5	0.01	0.01		mg/L
		Flow	Flew		
		74,445	.7000		
	Combanistic innananggappaggananggappan				
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					*
			RE	CEIVED	
				IUN 10 1 ZOOT	

You must complete and sign the certification statements on the reverse side.

DIVISION OF ENVIRONMENTAL COMPLIANCE

1

PART III:

SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A.	If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following
	certification:    I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s)
В.	If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:    I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.
<b>c</b> .	If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:  I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.
D.	If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:  I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
E.	If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification:  I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR
F.	Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following-certification:  I certify; since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.
G.	Discharges Subject to Categorical Standards for Electroplating (40 CFR 413); Metala Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:  Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.
PART	IV: GENERAL CERTIFICATION STATEMENTS
initial the	e box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.
<b>A.</b>	Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:  In lieu of monitoring for TTO at sample point(s)
B	DISCHARGE MONITORING REPORT CERTIFICATION
designed who man and belie	under penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system of to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons page the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge of, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine risonment for knowing violations.
Print or t	type name of signing official:
Title:	Fuellie menezer Telephone: 577-532)  Bi Buel Freelevich Date: 6-1-07
Signatur	e: Buel Frederich Date: 6-1-07
	-



### METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: Cardinal Glennon Hospital
Permit No: - 4112195400
Premise No: 1465 S. Grand, 63104

Reporting Period:

(JAN-MAR)

(APR-JUNE)

□(JULY-SEPT)

□(OCT-DEC)

#### PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
. Nane	O
TOTAL ACTIVITY DISCHARGED:	0

#### PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

FAXed 8-10-07

#### A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

<i>[ [ [</i> ] ]	
1/44	
// <b>/</b>	

I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

#### B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print/type name of signing official: Kevin Ferguson		
Title: Health Physicist	Telephone: 977-6896	
Signature: Fin. 4	Date: 7/27/07	

## MATROPOLITAN ST. LOUIS SEWER DISTRACT INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

MSD

PART I: IDENTIFYING INFORMATION

SSW Company Name: Cardinal Glennon Hospital

4112195400

Permit No:

Premise No:

1465 S. Grand, 63104

Reporting Period: □(JAN

□(JAN-MAR) ■(APR-JUNE)

□(JULY-SEPT)

□(OCT-DEC)

#### PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
	·
TOTAL ACTIVITY DISCHARGED:	0

#### PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

#### A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

14

I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

#### B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print/type name of signing official: Kevin Ferguson	RECEIVED
Title: Health Physicist Signature:	Telephone: 977-6896 AUG 0 1 2007  Date: 7/27/07
	ENVIRONMENTAL COMPLIANCE

MSI

# 04/20/07

#### PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: _	SSM CARDINAL GLE	NNONE HOSPITAL		
	41121954-00			
	1465 S. Grand B1	vd. St. Louis,	MO 63103-1095	
Monitoring Period:	□(JAN-MAR)	□(APR-JUNE)	□(JULY-SEPT)	□(OCT-DEC)
Samples Collected	By: MIDWEST TESTI	NG LABORATORIES	INC	
Analyses Performe	d By: MIDWEST TEST	ING LABORATORIES	TNC	

PART II: ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS	>	00	01		004			
DATES ON WHICH SAMPLES WERE COLLECTED	>	2	-20-07	2-	-20-07			
TIMES AT WHICH SAMPLES WERE COLLECTED	>	8:	45-3:15pm	9:0	00-3:30pm			
PARAMETER	LIMIT	11	ECORD SAMPLE TY		=measured flow		į	UNITS
FEON			70890		7000 -	7	Spall to Bud	
OIL & GREASE	200		16		10		on 04 26 07	mg/L
BOD	200		295		206		` '	mg/L
COD	****		473		424			mg/L
TOTAL SUSPENDED SOLIDS	****		226		176			mg/I.
TEMPERATURE(Degrees C)	60		17.1		15.6	<u> </u>		
pH (Std. Units)	5.5-1:		8.49		8.41	<b> </b>		
SILVER	.5		0.01		0.02	<b> </b>		mg/L
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You must complete and sign the certification statements on the reverse side.

MAR 2 1 2007

PART III:

#### SPECIAL CERTIFICATION STATEMENTS



Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A.	If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following
	certification:  I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s)
8.	If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.
C.	If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:  I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.
D.	If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:
	I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
Ε.	If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR
<b>=</b> .	Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following-certification:
3.	Discharges Subject to Categorical Standards for Electroplating (40 CFR 413) Metal-Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:  Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic
	organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.
PART	IV: GENERAL CERTIFICATION STATEMENTS
nitial th	e box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.
<b>\.</b>	Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:  In lieu of monitoring for TTO at sample point(s)  toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.
3	DISCHARGE MONITORING REPORT CERTIFICATION
lesigne vho mai ind beli	under penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system of to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons nage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge of, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine risonment for knowing violations.
•	type name of signing official: Bud FredericH
Title:	Facilities manager. Telephone: 577-5324 (2727)
Signatur	e: Buel Frederich Date: 3-19-07
	2 SMF 109

2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

Date: March 5, 2007 Lab No.: 2007MT0185 Invoice No.: 270152

SSM CARINAL GLENNONS CHILDREN'S HOSPITAL 1465 Grand Boulevard

St. Louis, Missouri 63104-1095

ATTENTION: Mr. Bud Frederich

REPORT OF TESTS

SAMPLE MATRIX: WASTE WATER

SAMPLE I.D.: Sample Point Ref. Number: 001 Waste Water Grab, 08:45 a.m. / 02-20-07

Sample Point Ref. Number: 004 Waste Water Grab, 09:00 a.m. / 02-20-07

DATE ANALYZED ): 02-27-07

RESULTS! mg/L OR PARTS PER MILLION (PPM)

SEMI - VOLATILE ORGANICS EPA 600 METHOD 625

ANALYTE	SP# 001	SP# 004	MDL
bis- ( Chloromethyl ) - ether	QN	ND	0.010
Pyridine	ND	ND	0.010
Aniline	ND	ND	0.010
Benzyl alcohol	ND	ND	0.010
Phenol (XX)	ND	ND	0.010
2-Chlorophenol	ND	ND	0.010
bis-(2-Chloroethyl) ether	ND	ND	0.010
N-nitrosodimethylamine	ND	ND	0.010
bis- (2-Chloroisopropyl) ether	ND	ОИ	0.010
N-Nitroso-di-n-propylamine	ND	ND	0.020
1,3-Dichlorobenzene	ND	ND	0.010
1,4-Dichlorobenzene	ND	ND	0.010
1,2-Dichlorobenzene	ND	ИD	0.010
o-Cresol	ND	ND	0.010
m,p-Cresol	ND	ND	0.010
Hexachloroethane	ND	ND	0.010
Nitrobenzene	DN	ND ·	0.010
2,4-Dimethylphenol	ND	DN	0.010
4-Chloroaniline	ND	ИD	0.010
2-Nitrophenol	ND	ND	0.010
2,4-Dichlorophenol	ND	ND	0.010
Benzoic acid	ND	ND	0.050
4-Chloro-3-methylphenol	ND	ND	0.010
bis (2-Chloroethoxy) methane	מא	ND	0.010
Isophorone	ND	ND	0.010

Page 1 of 3

2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

ANALYTE	SP# 001	SP# 004	MDL
1,2,4-Trichlorobenzene	ND	ND	0.010
2-Methylnaphtalene	ND	ND	0.010
Hexachlorocyclopentadiene	ND	ND	0.010
Naphthalene	ND	ND	0.010
Hexachlorobutadiene	ND	ND	0.010
2,4,6-Trichlorophenol	ND	ND	0.010
2,4,5-Trichlorophenol	ND	ND	0.010
2-Nitroaniline	ND	ND	0.010
3-Nitroaniline	ND	ND	0.010
4-Nitroaniline	ND	ND	0.010
2,4 Dinitrophenol	ND	ND	0.010
4-Nitrophenol	ND	ND	0.010
4,6-Dinitro-2-methylphenol	ND	ND	0.010
2-Chloronaphthalene	ND	ND	0.010
4-Chlorophenyl phenyl ether	ИD	ND	0.010
Dimethyl phthalate	ND	ND	0.010
2,6-Dinitrotoluene	ND	ND	0.010
Acenaphthylene	ND	ND	0.010
Dibenzofuran	ND	ND	0.010
Diethyl phthalate	ND	ND	0.010
Acenaphthene	ND	ND	0.010
Benzo(g,h,i)perylene	ND	ND	0.010
Fluorene	ND	ND	0.010
Azobenzene	ND	ND	0.010
2,4-Dinitrontoluene	ND	ND	0.010
Hexachlorobenzene	ND	ND	0.010
Pentachlorophenol	ND	ND	0.010
N-Nitrosodiphenylamine	ND	ND	0.010
4-Bromophenyl phenyl ether	ND	ND	0.010
Carbazole	ND	ND	0.010
Di-n-butyl phthalate	ND	ND	0.010
Phenanthrene	ND	מא	0.010
Anthracene	ND	ND	0.010
Fluoranthene	ND	ND	0.010
Butyl benzyl phthalate	ND	ND	0.010
bis (2-ethylhexyl) phthalate	ND	ND	0.010
Pyrene	ND	ND	0.010
Benzo(a)anthracene	МД	ND	0.010
Chrysene	ND	מא	0.010
3,3'-Dichlorobenzidine	ND	ND	0.010
Di-n-octyl phthalate	ND	ND	0.010
Benzidine	ND	ИD	0.010
Benzo(b)fluoranthene	ОИ	ND	0.010
Benzo(k)fluoranthene	ND	ND	0.010
Benzo(a)pyrene	ND	ND	0.010

Page 2 of 3

2645 Gravois Avenue • St. Louis, MO 63118 •

(314) 773-3035 • FAX (314) 773-3519

ANALYTE	SP# 001	SP# 004	MDL
Dibenzo(a,h)anthracene	ND	ND	0.010
Indeno(1,2,3-cd)pyrene	ND	· ND	0.010
	ND	ND	0.010

ND: Not Detected / MDL: Method Dection Limit

Identification of tested specimens provided by the client.

MIDWEST TESTING LABORATORIES

Laboratory Director

Page 3 of 3

2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

Date: March 5, 2007 Lab. No.: 2007MT0185 Invoice No.: 270152

SSM CARINAL GLENNONS CHILREN'S HOSPITAL 1465 S. Grand Boulevard St. Louis, Missouri 63104-1095

ATTENTION: Mr. Bud Frederich

#### REPORT OF TESTS

SAMPLE MATRIX: WASTE WATER

SAMPLE I.D. : Sample Point Ref. Number: 001 Waste Water Grab, 08:45 a.m. / 02-20-07

Sample Point Ref. Number: 004 Waste Water Grab, 09:00 a.m. / 02-20-07

DATE ANALYZED: 02-23-07

RESULTS: ug/L OR PARTS PER BILLION (PPB)

#### **VOLATILE ORGANICS EPA 600 METHOD 624**

ANALYTE	SP# 001	SP# 004	MDL
1,1,1,2-Tetrachloroethane	ND	ND	5.0
1,1,1-Trichloroethane	ND	ND	5.0
1,1,2,2-Tetrachloroethane	ND	ND	5.0
1,1,2-Trichloroethane	ND	ND	5.0
1,1-Dichloro-2-propanone	ND	ND	5.0
1,1-Dichloroethane	ND	ND	5.0
1,1-Dichloroethene	ND	ND	5.0
1,1-Dichloropropene	ND	ND	5.0
1,1'-Oxybis-ethane	ND	ND	5.0
1,2,3-Trichlorobenzene	ND	ND	5.0
1,2,3-Trichloropropane	DN	ND	5.0
1,2,4-Trichlorobenzene	. ND	ND	5.0
1,2,4-Trimethylbenzene	ND	ND	5.0
1,2-Dibromo-3-chloropropane	ND	ND	5.0
1,2-Dibromoethane	DM	ND	5.0
1,2-Dichlorobenzene	ND	ND	5.0
1,2-Dichloroethane	ND	ND	5.0
1,2-Dichloropropane	ND	ND	5.0
1,3,5-Trimethylbenzene	ND	ND	5.0
1,3-Dichlorobenzene	ND	ND	5.0
1,3-Dichloropropane	ЙD	ND	5.0
1,4-Dichlorobenzene	DM	ND	5.0
1,4-Dichloro-2-butene	ND	ND	5.0
1-Chlorobutane	ND	ND	5.0
2,2-Dichloropropane	ND	ND	5.0
2-Butanone	ND	ND	10.0

Page 1 of 3

2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

ANALYTE	SP# 001	SP# 004	MDL
2-Chlorotoluene	ND	ND	5.0
2-Hexanone	ND	ND	5.0
2-Nitropropane	ND	ND	5.0
2-Propenic acid, methyl ester	ИD	ND	5.0
2-Methoxy-2-Methylpropane	ИD	ND	5.0
4-Chlorotoluene	ND	ND	5.0
4-Methyl-2-pentanone	ND	ND	5.0
Acetone	ND	ND	5.0
Acrolein	ND	ND	100.0
Acrylonitrile	ND	ND	5.0
Allyl chloride	ND	ND	5.0
Benzene	ND	ND	5.0
Bromobenzene	ND	ND	5.0
Bromochloromethane	ND	ND	5.0
Bromodichloromethane	ND	ND	5.0
Bromoform	ND	ND	5.0
Bromomethane	ND	ND	5.0
Carbon disulfide	ND	ND	5.0
Carbon tetrachloride	ND	ND	5.0
Chlorobenzene	ND	ND	5.0
Chloroethane	ND	ND	5.0
Chloroform (\R)	ND	ND	5.0
Chloromethane	ND	ND	5.0
cis-1,2-Dichloroethene	ND	ND	5.0
cis-1,3-Dichloropropene	ND	ND	5.0
Dibromochloromethane	ND	ND	5.0
Dibromomethane	ND	ND	5.0
Dichlorodifluoromethane	ND	ND	5.0
Ethyl methacrylate	ND	ND	5.0
Ethylbenzene	ND	ND	5.0
Heptane	ND	ND	5.0
Hexachlorobutadiene	ND	ND	5.0
Hexachloroethane	ND	ND	5.0
Hexane	ND	ND	5.0
Iodomethane	ND	ND	5.0
Isopropylbenzene	ND	ND	5.0
m,p-Xylenes	ND	ND	5.0
Methacrylonitrite	ND	ND	5.0
Methyl Methacrylate	ND	ND	5.0
Methylacrylate	ND	ND	5.0

Page 2 of 3

2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

ANALYTE	SP# 001	SP# 004	MDL
Methylene chloride (1)	ND	ND	5.0
n-Butylbenzene	ND	ND	5.0
n-prppylbenzene	ND	ND	5.0
Naphthalene	ND	DM	5.0
Nitrobenzene	ND	ND	5.0
o-Xylene	ND	ND	5.0
p-isopropyltoluene	ND	ND	5.0
Pentachloroethane	ND	ND	5.0
Propionitrile	ND	ND	5.0
sec-Butylbenzene	ND	ND	5.0
Styrene	ND	ND	5.0
tert-Burylbenzene	ND	ND	5.0
Tetrachloroethene	ND	ND	5.0
Tetrahydrofuran	ND	ND	5.0
Toluene	ND	ND	5.0
trans-1,2-Dichloroethene	ND	ND	5.0
trans-1,3-Dichloropropene	ND	ND	5.0
trans-1,4-Dichloro-2-butene	ND	ND	5.0
Trichloroethene	ND	ND	5.0
Trichlorofluoromethane	ND	ND	5.0
Vinyl acetate	ND	ND	5.0
Vinyl chloride	ND	ND	5.0

ND: Not Detected / MDL: Method Detection Limit

Identification of tested specimens pryided by the client.

MIDWEST TESTING LABORATORIES

DINESH N. SHAH Laboratory Manager

2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

Date: February 5, 2007 Lab. No.: 2007MT0185 Invoice No.: 270152

SSM CARDINAL GLENNONS CHILREN'S HOSPITAL 1465 S. Grand Boulevard St. Louls, Missouri 63104-1095

ATTENTION: Mr. Bud Frederich

#### REPORT OF TESTS

SAMPLE MATRIX: WASTE WATER

SAMPLE I.D.: Sample Point Ref. Number: 001 Waste Water Grab, 08:45a.m. / 02-20-07

Sample Point Ref. Number: 004 Waste Water Grab, 09:00a.m. / 02-20-07

DATE ANALYZED: 03-01-07

RESULTS: ug/L OR PARTS PER BILLION (PPB)

### ORGANOCHLORINE PESTICIDE ANALYSIS SW-846 METHOD 8081

ANALYTE	SP# 001	SP# 004	MOL
Aldrin	ND	ND	0.05
alpha-BHC	ND	ND	0.05
beta-BHC	ND	ND	0.05
gamma-BHC (Lindane)	ND	ND	0.04
delta- BHC	ND	ND	0.05
Chlordane	ND	ND	0.14
4,4'-DDD	ND	ND	0.05
4,4'-DDE	ND	ND	0.05
4,4'-DDT	ND	ND	0.05
Dieldrin	ND	ND	0.05
Endosulfan I	ND	ND	0.05
Endosulfan II	ND	ND	0.05
Endosulfan Sulfate	ND	ND	0.05
Endrin	ND	ND	0.06
Endrin Aldehyde	ND	ND	0.05
Heptachlor	ND	ND	0.04
Heptachlor Epoxide	ND	ND	0.20
Methoxychlor	ND	ND	0.06
Toxaphene	מא	ND	0.56
AROCHLOR-1016	ND	ND	0.50
AROCHLOR-1221	ND	ND	0.50
AROCHLOR-1232	ND	ND	0.50
AROCHLOR-1242	ND	ND	0.50
AROCHLOR-1248	ND	ND	0.50
AROCHLOR-1254	ND	ND	0.50
AROCHLOR-1260	ND	ND	0.50

ND: Not detected / MDL: Method Detection Limit

2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

Date: March 5, 2007 Lab. No.: 2007MT0185 Invoice No.: 270152

SSM CARDINAL GLENNONS CHILDREN'S HOSPITAL 1465 S. Grand Boulevard St. Louis, Missouri 63103-1095

ATTENTION: Mr. Bud Frederich

#### REPORT OF TESTS

SAMPLE MATRIX: WASTE WATER

SAMPLE L.D. : Sample Point Ref. Number: 001

Waste Water composite: 08:45 a.m. to 3:15 p.m. /2-20-07

Grab Sample 08:45 a.m. / 2-20-07 Sample Point Ref. Number: 004

Waste Water composite: 09:00 am. to 3:30 p.m./ 2-20-07

Grab Sample 09:00 a.m. / 2-20-07

DATE ANALYZED: 2-20-07 to 3-05-07

RESULTS: mg/L OR PARTS PER MILLION (PPM)

ANALYTE	# <b>0</b> 01	# 004	MDL	METHOD NUMBER
Oil & Grease	16	10	5	1664
BOD	295	206	10	405,1
COD TSS	473	424	10	410.1
TSS	226	176	5	160.2
Temperature (Degrees C)	17.1	15.6	0.1	150.1
pH (Std Units)	8.49	8.41	0.02	120.1
Silver	0.01	0.02	0.01	272.1

MDL: Method Detection Limit

Identification of tested specimens provided by the client

MIDWEST TESTING LABORATORIES

Mulhad

DINESH N. SHAH

Laboratory Manager

# M. ROPOLITAN ST. LOUIS SEWER DISTRICTION INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

MSI

04/23/02 Rat 551

PART I: IDENTIFYING INFORMATION

SS//\\
Company Name: Cardinal Glennon Hospital

Permit No:

Premise No:

1465 S. Grand, 63104

Reporting Period:

(JAN-MAR)

□(APR-JUNE)

□(JULY-SEPT)

□(OCT-DEC)

#### PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

#### PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

#### A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

A

I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

#### B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print/type name of signing official: Kevin Ferguson	- A FIVED
	RECEIVED
Title: Health Physicist	Telephone: 977-6896
Signature: h. //	Date: 4/19/07 APR 2 3 2007
	DIVISION OF ENVIRONMENTAL COMPLIENCE

# MOROPOLITAN ST. LOUIS SEWER DISTRACT INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

MSD

0/2/07

PART I: IDENTIFYING INFORMATION

S SM Company Name: Cardinal Glennon Hospital

Permit No:

Premise No: 1465 S. Grand, 63104 ...

Reporting Period:

□(JAN-MAR)

□(APR-JUNE)

□(JULY-SEPT)

(OCT-DEC)

#### PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

#### PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.

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#### A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

1/4

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Print/type name of signing official: Kevin Ferguson		-
Title: Health Physicist	Telephone: 977-6896 RECEIVE	D
Signature:	Date: 1/22/07 JAN 2 h 2007	

MSD

### METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL FACILITY REINSPECTION REPORT

54.00

Compa	any: SSM Cardinal Glennon Children'	s Hospital		Account #:	41121915-00		
	ise Address: 1465 South Grand Boule			Zip Code:	63104-		
	Inspection Date: 11/1/05			•			
	Classes: SIU \(\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\				n-Toxic Waste [] ling/Billing []		
	e: Maintenance Supervisor	A		Phone#: 314-5	577-5327		
	ector: D. Kupke			.,			
Othe	rs Present: None				ted et v. 1900 to Other des Principals et al Charles Belleman, value Princip. 1979		
Insp	ection Date: 12/20/06 Time of	Inspectio	n: From	09:37 AM To	10:55 AM		
NOTE:	ALL ITEMS ARE TO BE COMPLETED BASED O INFORMATION PROVIDED BY COMPANY DURING						
**:	DATABASE ALSO UPDATED WITH APPROPRI	ATE CHANGE	ES - see	attached databa	se reports ***		
1.	A. ARE THERE ADDITIONAL ACCOUNT NUM	BERS?			Yes⊠ No□		
	List them, note any changes:	Remove	this	secondary acco			
			/ is 411	.24853-01. It w	as being billed		
				account numbe	r. It has been		
	B. WERE ALL ACCT NUMBERS VERIFIED A			tive account. E ON BILLING SYS	STEM? Yes⊠ No□		
2.	PROCESS & CLEANUP/WASHDOWN:	Cont/	Water	Frequency			
		Batch	Used?	of discharge	Sample pt.		
	Kitchen waste	Cont	Yes	daily	SP001		
	Hospital waste- X-ray, Laboratory services	Cont	Yes	daily	SP001, SP004		
	Noncontact cooling water-Autoclaves	Batch	Yes	daily	SP001		
	Boiler and colling tower blowodown	Batch	Yes	daily as needed	SP001		
		(None)	N/A				
		(None)	N/A	<u></u>			
3.	PRETREATMENT (other than grease traps) -	describe:			Sample pt.		
	Electrolysis, Metallic replacement				SP001, SP004		
4.	DOES COMPANY HAVE ANY GREASE TRAPS? A. List sample points: SPO	101			Yes⊠ No□		
	B. What is the frequency for cleani		aining t	the trans? once	e every 6 weeks		
	C. Are enzymes (not bacteria) used	in traps?	-u1111119 (	me craps. <u>one</u>	Yes No No		
	D. If yes to C, was co. told to stop or	switch to			NA⊠ Yes No		
	E. Was co. informed that MSD also perfo	orms separa	te grease	trap inspections	? Yes No		
5.	HAS COMPANY BEGUN DISCHARGING ANY NE	ומידון זו זו שי	NTS SINC	T THE LACT INCO	yer NoM		
	A. List pollutants & process:	10020111	ord Dine:	I IIID DASI INDF:	ies no		
	B. Will MSD STP exceed existing NPD	ES dischar	ge limit	:(s)?	Yes□ No⊠		
	C. Will MSD STP's discharge exceed 0.1 mg/l for any new pollutant? Yes No						
	D. Comments:	-			•		
6.	ARE THERE ANY FEDERALLY REGULATED (4	0 CFR 405	-471) <u>OP</u> E	ERATIONS?	Yes⊠ No□		
	A. If yes, list reg. & describe (inc.	cluding an	y discha	rge):			
	services such as laboratory. x-ra	ay, and di	etarv	discharges are	: rom nospital		
	A. List pollutants & process:  B. Will MSD STP exceed existing NPDES discharge limit(s)?  C. Will MSD STP's discharge exceed 0.1 mg/l for any new pollutant?  (MSD must notify MDNR if B or C is yes and discharge will continue.)  D. Comments:  ARE THERE ANY FEDERALLY REGULATED (40 CFR 405-471) OPERATIONS?  Yes No						

7.			WASTEWATER COMBINE	WITH NON-CAT.	WW PRIOR TO SA	MPLING?	Yes□ No⊠
		At which poir				orrect?	Yes No
		Current appli	is the correct		15 IC C	Offect:	Tea NO
	С.	factor & expl					
		raccor a cap.	arii ciiange.				
8.	IS		R SUBJECT TO PRODUCT	TION OR MASS BA	SED STANDARDS?	1	Yes∏ No⊠
	Α.	*					— —
	В.		ation of the currer			m average	Yes No
	C	_	ate or discharge vol	rume changed by	20% or more?		
	С.	If yes, expla	# 111 :				
9.	ARE	E ANY RADIOACT	IVE MATERIALS HANDLI	ED?			Yes□ No⊠
-	Α.		rations & disposal:				
	В.	Does company	have MSD authorizat	ion to disposa	l to sewer?		Yes No
	C.		***************************************		amt approved:		
			exceeded the approve	ed quantity?			Yes No
	Ε.	If yes, expla	ain:				
10.	DOE	e process on	P&E WASHDOWN WATER 1	TOO ADDOAD EVOR	CCTUES		Yes∏ No⊠
10.			verified & needed ch			rility r	
	***		orarada a modada or		sive water u		
					es are perform		
					as the dietary	r, laborat	ory, and $x-$
				ray se	ervices.		
	***						77 T
11.			EDED ORDINANCE DISCI		NCE		Yes∏ No⊠
	Α.	_	ION OR WITHIN THE LA	Sample	Is problem	resolved?	
		Pollutant	When	Points		cribe	
					N/A		
					N/A		
					N/A		
					N/A		
					N/A	******************************	
	_	L			N/A		
	В.	Comments:					
12.	מאכ	COMPANY FYCE	EDED CATEGORICAL PRI	CTOCATMENT TAME	ידפ פואפס	NA N	Yes No
12.			ION OR WITHIN THE LA		IS SINCE	NAL	1 Tes NOL
	Α.	If yes:		Sample	Is problem :	resolved?	
		Pollutant	When	Points	_	cribe	
					N/A		
					N/A		
					N/A		
				·····	N/A		
					N/A		
	-				N/A		
	В.	Comments:					
13.	нач	E THERE REEN	ANY PROBLEM DISCHARO	SES SINCE LAGE	TNSPECTIONS		Yes□ No⊠
	A.		Bypasses of pret				TEST NOM
		Spills?	Slug discharges?				
	B.						

14.	ARI	E ANY SOLVENTS USED	?					Yes⊠ No□	
	A.	2					Priority	413/433/469	
		List solvents	Used for	r?	How dia	sposed?	Pollutant?	Process?	
		Methylene Chloride	lab rea	gent	hauled	offsite	Yes No	Yes No	
		Acetone	lab rea	gent	hauled	offsite	Yes No	Yes No	
		Xylene		gy-slide	hauled	offsite	Yes No	Yes No	
		Phenol	prep	nt used	in orranar	2500	Yes No	Yes No	
		Prienoi	componer sanitat		in evapora		iesM Noll		
							Yes No	Yes No	
							Yes No	Yes No	
15.			H SANITAR to be d	Y SEWERS Cone?	OR STORM DR —— fectious wa	AINS? aste is st	ore in a segre		
				<u> </u>	b reagenes	are beore	u III IIummabit	- Cubinees.	
16.	ARE A.	THERE ANY AREAS WE If yes, describe:		PANY ACTIVI	TIES IMPAI	R STORMWAT	ER RUNOFF?	Yes□ No⊠	
	В. С.		water Di				mpany	Yes⊠ No□	
17.		ES COMPANY HAVE ANY	SPILL, SL	UG OR SOLV	ENT MANAGE			Yes⊠ No□	
	Α.	If yes:		SMP?	Last	Copy in Fi	- F		
		Title		413/433	Update	(SMP onl	<del></del>	if yes	
		Hazardous Materia Management plan	ıls and	No	7/25/97	N/A	No		
				N/A		N/A	N/A		
				N/A		N/A	N/A		
	В.	Are any Plans need (write company and			those liste	ed in Part	A?	Yes No	
18.	HAZ	ARDOUS WASTES:			•				
	A.	Was the company inform (RCRA) exist and may p	ed/reminded	d that solid apply to ind	& hazardous w ustrial users	aste managem ?	ent regulations	Yes⊠ No□	
	В.		to the ser	wers of hazar			been previously	Yes□ No⊠	
	C.	If yes to B, list haz		_					
	·D.	Was the company provide form for the above reg	ed with a '	'Public Notic	e/Haz. Waste	Discharge No	tification"	Yes⊠ No□	
	E.	Comments:	diacions (i	egararess or	whether ther	e are any ur	scharges);		
19.	ARE	E EMERGENCY NOTIFICA	ATION PRO	CEDURES PO	STED?			Yes⊠ No□	
	Α.	Are MSD contacts 1						Yes⊠ No□	
	В.	If no to either, d	escribe	how handle	d:				
20.	IS	COMPANY REQUIRED TO	SELF-MO	NITOR ANY	OF THEIR D	ISCHARGES?		Yes⊠ No□	
	А. В. С.	If yes, requirement If other document, How frequently is	t is con date & sampling	tained in description required?	permit 🛭 n: quarte	or oth	er document [	].	
	D.	How frequently are			quarte		D	v	
	E.	1 TOOM NOT							

21.	A. 3 B. 2 C. 1								
	D. 2 E. 3	Are EPA- If no to		D,	)? wastewater test 	t methods	used?	Yes⊠	No
22.	A. :	If yes, low does	is compa company ins	ES WITH THE ony having the ure proper presytical methods?	samples analy	yzed		Yes Yes	
	C. I	las compar lave resul	ny submitte lts been su	d results of all	split sample ana 28 days of the cal	-		Yes Yes	
	F. I		mpany sti		plit samples?			Yes	No
23.	TO S	UBMIT C	OMPLIANCE	SCHEDULE RE		NT ORDERS	OR REQUIREMENTS	Yes	No🏻
	в. в	Have the	type and reports explain:		- een on-time & d	complete?		Yes	No
24.			OR OBSERV describe		AWARE OF CO. V	IOLATING A	NY NESHAP REGS?	Yes	ио⊠
	в. и	Nas co.	informed	of possible	viol. & given ed? (must be do		ation to stop?	Yes Yes	
25.	Yes No  NO MSD CLASSIFICATIONS NEED TO BE REVISED?  A. Indicate correct classifications:  SIU CIU Surcharge Potential Toxic Waste Non-Toxic Waste								
			ess Flow changes:		User 🗌 IIU	Spec	cial Handling/Bill	ling [	
26.	SAMP	LE POIN	rs					DJ	(y/n)
	SP #	001	Fed.Reg		Components:	Cooling	waste, Kitchen tower and NCCW-Autoclaves	Boiler	No
	SP#	004	Fed.Reg		Components:	Hospital			No
	SP #		Fed.Reg	•	Components:				N/A
	SP#		Fed.Reg		Components:				N/A
	SP #		Fed.Reg		Components:			POSS	N/A
27.	ANY	UNSAMPL	ED DISCH	ARGES? (list	each lateral s	separately)		Yes 🗌	No 🛛
		ny SP #	<del></del>	omponents:		777			
	Dumn	ny SP #	C	omponents:		, <u>, , , , , , , , , , , , , , , , , , </u>			
28.	WERE A. B.	If any	SPs canno	ot be located	ID INSPECTED? d or opened, ex o be changed, e			Yes⊠	No
	C. D.	Was ANY	grease		olem/debris obs		any SP?	Yes 🗌	№М
	E.				rected to take	corrective	e actions?	Yes_	No

4

29.	REVIEW	THE	SAMPLE	POINT	MAP!

Last map revision date: 11/1/05

A. Is the map correct and accurate in all its details?

Yes No

B. If no, what changes are needed?

USE THIS SPACE FOR ANY OTHER COMMENTS/OBSERVATIONS PERTINENT TO YOUR INSPECTION OF THIS SITE. I have enclosed a 7/5/06 MSD response letter stating that MSD has reviewed the Eco Bionics treatment program and that the use of this grease system would not violate MSD's Ordinance No. 8472. It is one of our approved sources. Please note that this facility is looking into removing all Silver bearing waste from it x-ray services. I informed Bud Fredrick that after this has occurred, Cardinal Glennon would need a letter stating when that all Silver bearing waste has been removed from the premise. Until that time, MSD will continue to sample and monitor Silver as a discharge componenet.

#### ROPOLITAN ST. LOUIS SEWER DISTRI**C**I IAL DATA SHEET - FACILITY INFORM

INDUSTRY NAME

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL Premise Address

1465 South Grand Blvd. St. Louis MO. 63104

4112195400 PRIMARY MSD ACCOUNT NO. INDUSTRIAL USER CLASSIFICATIONS WUNNENBERG INFO. SIU CRITERIA 03/06/1997 SIU Base Map 20F3 POTM Reasonable potential for adverse affect 03/06/1997 PTW Wun:St. Louis City & Co. Grid: H 21 Page 38 INSPECTION INFORMATION IUQ INFORMATION GENERAL INFORMATION PERMIT INFORMATION ... Issue Date: 05/01/2005 IUQ Recvd Date: 10/29/1999 Office Mailing Address Next Due 1465 South Grand Blvd Expire Date: 04/30/2010 Reviewer: Fabian Grabski Insp Rslt St. Louis, MO. 63104-1095 **Extended Date:** IUO Recvd Date: 12/20/2004 12/20/2006 RIN David Kupke **Billing Address** Writer Fabian Grabsk Reviewer: David Kupke 1465 South Grand Blvd. St Louis, MO. 63104 CONTACTS BILL **Bud Frederick** OFF (314) 577-5327 Ext. Maintenance Supervisor FLDI **Bud Fredrick** Maintenance Supervisor OFF (314) 577-5327 Ext. FLD2 Mark Stewart Maintenance Mechanic OFF (314) 577-5307 Ext. FLD3 Jack Mitchell Maintenance Mechanic OFF (314) 577-5600 Ext. OFF1 Rich Cunningham Director of Safety & Security OFF (314) 268-4117 Ext. OFF2 **Bud Fredrick** Maintenance Supervisor OFF (314) 577-5327 Ext. PERATIONAL INFORMATION OTHER AGENCIES INFORMATION 09/29/1997 EPA - Hazardous Waste Program MOD075904839 Work Days: S M T w T F S 11/03/1997 24-00196-07 Nuclear Regulatory Commission 08:00AM Y Y 1 600 8.0 Y Υ Y Y Y 001310 MDNR - Hazardous Waste Program 2 400 04:00PM Y 8.0 Y Y Y Y Y Y 09/28/2005 MSD - Billing Account Number 00208068 3 350 γ Y 12:00AM 8.0 Y Y Y Y Total Emp: 1,350 Hrs: 24.0 NON-SEWERED WASTE **On-Site Storage** On-Site Disposal Off-Site Disposal <u>c</u> <u>o</u> M M ENT RAW MATERIALS SIC INFORMATION EFF DATE MATERIAL DESCRIPTION QUANTITY SIC DESCRIPTION 8069 Specialty Hospitals, Except Psychiatric PRODUCTS **EFF** DESCRIPTION UNIT AVG_PROD MAX_PROD 05/07/2004 General hospital SEWER ACCOUNTS WATER CONSUMPTION AND WASTEWATER DISCHARGE Sewer Accounts Start Date = 12/27/2005 End Date = 12/27/2006 Wdavs Cdavs 4112195400 Acct. No. Consumption Discharge 4112195400 CCF's Gallons Gal/ Wdav Gal/ Cdav 4112195400 11/09/2005 02/07/2006 4.148 4.148 A 91 91 91 4112195400 02/08/2006 04/18/2006 41,420 45,568 70 161 RF 0.79 Acct. Total 45,568 34,087,234 161 161 167,260 167,260

45,568

Report No.	PIMS012A
Data Date A	& Time

12/27/2006

12:48:13 pm

Data Date & Time

12/27/2006

12:48:13 pm

**Facility Total** 

#### ME OPOLITAN ST. LOUIS SEWER DISTRICT AL DATA SHEET - FACILITY INFORM

**INDUSTRY NAME** 

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL
Premise Address

4112195400 PRIMARY MSD ACCOUNT NO.

1465 South Grand Blvd. St. Louis MO. 63104

				or bould to		
CONNECTION and SAMPLE POINT INFORMATION						
LATERAL NO. Lateral Type		eatment A				
01 Sanitary Or Combined	20F3 350C	Trunk S	ewer Old Mill	l Creek		
<b>Description</b> Line from building northwest to Vista Av.						
Sewer Route West on Vista to 39th St, continuing West						
SAMPLE POINT NO. 001 Ordinance	NPDI	ES Outfall	No.			
<b>Description</b> MH on sidewalk S of Vista Ave., E of over	head walkway, Flow t	from SE				Effective
Discharge Components Process Description	Avg Flow	Unit	Max Flow	Unit	RUD	Date
Sanitary	34,000	GPD		GPD	D	12/20/04
Non Contact Coolir Autoclaves	•	GPD		GPD	D	12/20/04
Cooling Tower Blo		GPD		GPD	D	12/20/04
Hospital Waste	25,115	GPD		GPD	D	12/1/05
Kitchen Waste	8,000	GPD		GPD	D	12/1/05
Total Flow Avg =	70,890	N	lax =			
CONNECTION and SAMPLE POINT INFORMATION	00000000000000000000000000000000000000	***************************************		***************************************		55555550 hooga a coorage a
LATERAL NO. Lateral Type	DSMH Tr	eatment A	rea Bissell F	oint		
03 Sanitary Or Combined	20F3 399C	Trunk S	ewer Old Mill	l Creek		
<b>Description</b> 8" line exiting NW from SW main hopsita						
Sewer Route N along Spring, W along Vista,to 39th St,						
SAMPLE POINT NO. 004 Ordinance	NPDI	ES Outfall	No.			
<b>Description</b> MH 3' W from SW corner of emergency bu	ilding					
Discharge Components Process Description	Avg Flow	Unit	Max Flow	Unit	RUD	Effective Date
Hospital Waste X-ray, and laboratory services	3,000	GPD		GPD	D	12/1/05
Sanitary	·	GPD		GPD	D	12/1/05
Total Flow Avg =	7,000	N	lax =			
PRETREATMENT TYPES				***************************************		
SP EFF DATE TYPE DESCRIPTION						
001 12/29/1998 DC20 Electrolysis						
001 12/29/1998 DC32 Metallic Replacement						
001 02/20/2003 DC28 Grease Trap 004 03/03/2004 DC32 Metallic Replacement						
PRIORITY POLLUTANTS		22200222222222222222222222222222222222			Maryana and American	
Pollutant Description Status Pollutant Desc	rintion	Status	Pollutant De	carintian		Status
Silver (Total)  KP  Mercury (Total		<u>Status</u> KP	Phenol	aci ihiioii		Status KP
2,4-Dinitrophenol KP Methylene Chle	•	KP KP	Chloroform			
, The many time chin		KP	CHOLOROTH			KP

Report No. PIMSO	12A
Data Date & Time:	

12/27/2006

12:48:13 pm

12/27/2006

EXTRA STRENGTH SURCHARGE INFORMATION

12:48:13 pm

For Account Number Located at

PIMS FACILITY CONTACTS SSM CARDINAL GLENNON CHILDRE

1465 South Grand Blvd.

St. Louis

MO 63104

Address Type

Contact Type Contact Name Contact Title Phon		Ext.
Billing Address		
Billing Contact Bud Frederick Maintenance Supervisor Ol	FF (314)577-53	327
Office Mailing Address		
Office Contact - Primary Rich Cunningham Director of Safety & Security Ol	FF (314)268-41	117
Office Contact 1st Alt Bud Fredrick Maintenance Supervisor Of	FF (314)577-53	327
Premise Address		
Field Contact - Primary Bud Fredrick Maintenance Supervisor Ol	FF (314)577-53	327
Field Contact 1st Alt Mark Stewart Maintenance Mechanic Ol	FF (314)577-53	307
Field Contact 2nd Alt Jack Mitchell Maintenance Mechanic Ol	FF (314)577-56	500



Account No Entered 4112195400

SPN	PRE	MISE ADDRESS	CITY	ST	ZIP
	1465	South Grand Blvd.	St. Lou	uis MO	63104
01 Project Code: Pollutant Group	IM = I Poll Code	PD - Company - MSD Pollutant Description	Frequency	Sample Type	End Date
	1208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2007
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2007
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2007
	T237000	pН	Once/year	Grab	06/30/2007
	T247000	Temperature	Once/year	Grab	06/30/2007
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2007
	T283000	2,4-Dinitrophenol	Once/year	Comp-Time 04 Hrs	06/30/2007
	T332000	Chloroform	Once/year	Grab	06/30/2007
	T371000	Methylene Chloride	Once/year	Grab	06/30/2007
	T388000	Phenol	Once/year	Comp-Time 04 Hrs	06/30/2007
		Cilcon (Total)	Once/year	Comp-Time 04 Hrs	06/30/2007
	T393000	Silver (Total)	Office/year	Comp Time of This	00/30/2007
GRIV (Starts - 08/14/199	T393000 T999000	Total Toxic Organics	Once/year	Grab	06/30/2007
`	T999000	• •	•	•	
004 Project Code:	T999000  IM = I	Total Toxic Organics  PD - Company - MSD	Once/year	Grab	06/30/2007
004 Project Code:	T999000  IM = I Poll Code	Total Toxic Organics  PD - Company - MSD  Pollutant Description	Once/year Frequency	Grab Sample Type	06/30/2007 <b>End Date</b>
004 Project Code:	T999000  IM = I Poll Code  T208000	PD - Company - MSD Pollutant Description Biochemical Oxygen Demand (5 Day)	Once/year  Frequency Once/year	Sample Type Comp-Time 04 Hrs	06/30/2007 <b>End Date</b> 06/30/2007
004 Project Code:	T999000  IM = I Poll Code  T208000 T213000	PD - Company - MSD Pollutant Description  Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand	Once/year  Frequency Once/year Once/year	Sample Type  Comp-Time 04 Hrs  Comp-Time 04 Hrs	06/30/2007  End Date  06/30/2007  06/30/2007
004 Project Code:	T999000  IM = I Poll Code  T208000 T213000 T234000	PD - Company - MSD Pollutant Description  Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total)	Once/year Once/year Once/year Once/year	Sample Type  Comp-Time 04 Hrs Comp-Time 04 Hrs Grab	06/30/2007  End Date  06/30/2007  06/30/2007  06/30/2007
004 Project Code:	T999000  IM = I Poll Code  T208000 T213000 T234000 T237000	PD - Company - MSD Pollutant Description  Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH	Once/year Once/year Once/year Once/year Once/year	Sample Type  Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab	End Date  06/30/2007  06/30/2007  06/30/2007  06/30/2007  06/30/2007
04 Project Code:	T999000  IM = I Poll Code  T208000 T213000 T234000 T237000 T247000	PD - Company - MSD Pollutant Description  Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature	Once/year Once/year Once/year Once/year Once/year Once/year Once/year	Sample Type  Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab Grab	End Date  06/30/2007  06/30/2007  06/30/2007  06/30/2007  06/30/2007  06/30/2007
04 Project Code:	T999000  IM = I Poll Code  T208000 T213000 T234000 T237000 T247000 T256000	PD - Company - MSD Pollutant Description  Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids	Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year	Sample Type  Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab Grab Grab Comp-Time 04 Hrs	End Date  06/30/2007  06/30/2007  06/30/2007  06/30/2007  06/30/2007  06/30/2007  06/30/2007
04 Project Code:	T999000  IM = I Poll Code  T208000 T213000 T234000 T237000 T247000 T256000 T283000	PD - Company - MSD Pollutant Description  Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids 2,4-Dinitrophenol	Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year	Sample Type  Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab Grab Comp-Time 04 Hrs Comp-Time 04 Hrs	End Date  06/30/2007  06/30/2007  06/30/2007  06/30/2007  06/30/2007  06/30/2007  06/30/2007
04 Project Code:	T999000  IM = I Poll Code  T208000 T213000 T234000 T237000 T247000 T256000 T283000 T332000	PD - Company - MSD Pollutant Description  Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids 2,4-Dinitrophenol Chloroform	Once/year	Grab  Sample Type  Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab Grab Comp-Time 04 Hrs Comp-Time 04 Hrs	End Date  06/30/2007  06/30/2007  06/30/2007  06/30/2007  06/30/2007  06/30/2007  06/30/2007  06/30/2007
004 Project Code:	T999000  IM = I Poll Code  T208000 T213000 T234000 T237000 T247000 T256000 T283000 T332000 T371000	PD - Company - MSD Pollutant Description  Biochemical Oxygen Demand (5 Day) Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids 2,4-Dinitrophenol Chloroform Methylene Chloride	Once/year	Grab  Sample Type  Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab Grab Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab	End Date  06/30/2007  06/30/2007  06/30/2007  06/30/2007  06/30/2007  06/30/2007  06/30/2007  06/30/2007  06/30/2007  06/30/2007

1 of 1

### PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

176 121416

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#### IDENTIFYING INFORMATION

Company Name: _	SSM CARDINAL G	LENNONE HOSPITAL		
	41121954-00			
		Blvd. St. Louis,	MO 63103-1095	
Monitoring Period:	□(JAN-MAR)	□(APR-JUNE)	□(JULY-SEPT)	(OCT-DEC)
		TING LABORATORIES,	INC	
Analyses Performe	d By: MIDWEST TE	STING LABORATORIES	INC	

#### PART II:

#### ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS	>	0 01			004			
DATES ON WHICH SAMPLES WERE COLLECTED	>	11	-09-06	11	-09-06			
TIMES AT WHICH SAMPLES WERE COLLECTED	>	8:3	0-2:30pm	8:4	5-2:45 pm			
PARAMETER	LIMIT	1	•		G, C, M OR E) AN =measured flow,		11	UNITS
FEON								
OIL & GREASE	200		12		7			mg/L
BOD	200		240		168			mg/L
COD	****		381		300	<b>Kopali Suhahati</b>		mg/L
TOTAL SUSPENDED SOLIDS	****		51		282			mg/I
TEMPERATURE(Degrees C)	60		24 4		20.1			
pH (Std. Units)	5.5-1		6.70		8.35			nggepannish Salahah 1990
SILVER	.5		<del>-0.02</del>		0.05			mg/L
			kidennannni ojimyyini injungyinani yepiani illerii insellir		naggapagaanaanaanaadaaddddaadddaadddaadd			
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	·		0001-01-4	1	r	VIS	ION OF	
	1	11 1		1	FNVIRON	ENT	AL COMPLIANCE	<u> </u>

You must complete and sign the certification statements on the reverse side.

PART III:

#### SPECIAL CERTIFICATION STATEMENTS



Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please teview your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A.	If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s)
B.	If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:    Certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.
<b>C.</b>	If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:  I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.
D.	If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to
	make the following certification:  I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
Ε.	If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification:  I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment
	standards in 40 CFR
F.	Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following-certification:  I certify; since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.
G.	Discharges Subject to Categorical Standards for Electroplating (40 CFR 413); Metals Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:  Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filling the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.
PART	IV: GENERAL CERTIFICATION STATEMENTS
initial th	e box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.
<b>A.</b>	Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:  In lieu of monitoring for TTO at sample point(s), I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.
3.	DISCHARGE MONITORING REPORT CERTIFICATION
designe who ma and beli	under penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system d to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons nage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge of, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine prisonment for knowing violations.
Print or	type game of signing official: Bus Frederict
Title:	Faulities Manager Telephone: 577-5327
Signatui	re: Jouel Frederick Date: 11-20-06
	2 SMF 1093

MSD 036194



### Metropolitan St. Louis Sewer

#### District

Office of Environmental Compliance 10 East Grand Avenue St. Louis, MD 63147-2913 (314) 436-6710 FAX (314) 438-6753

July 5, 2006

Lisa Valdez NCH Corporation 2730 Carl Road trving, Texas 75062

Dear Ms. Valdez:

We have reviewed the information that you sent to us concerning the Eco Bionics Treatment Program. Although the Metropolitan St. Louis Sewer District (MSD) does not endorse the use of any products or services, the information you provided indicates that use of this grease program would not violate MSD Ordinance No. 8472. Be advised that a complete grease program must include all of the following components:

- A routine inspection and maintenance program in which the grease interceptor and kitchen facilities are inspected on a routine basis and corrective action taken
- A frequent grease interceptor pumping program which includes pumping and cleaning the grease interceptor at a frequency to prevent build-up of excessive grease and other substances
- A comprehensive training program for both the Eco Bionics employees and the customers to ensure an effective grease control program

If at any time the MSD determines that this grease program is ineffective at controlling the release of grease to the MSD sewer system and/or the MSD Ordinance discharge limit of 200 mg/l of Oil & Grease is exceeded, then a notice of Violation (NOV) will be issued to that facility. If it is determined that the facility has caused or contributed to a grease problem in the MSD sewer system, then additional enforcement and/or penalties may be assessed against that facility.

If you have any questions concerning this letter or enforcement of MSD Ordinance No. 8472, please call us at 314-436-8719.

Sincerely.

METROROLITAN ST. LOUIS SEWER DISTRICT

Pollution Control Supervisor

bv

RECEIVED

CEE # 1 2006

## I TROPOLITAN ST. LOUIS SEWER DISTINGT INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

MSD

166

PART I: IDENTIFYING INFORMATION 55 M Cardinal Slennon

Company Name: Cand

Permit No: Premise No: - 4112195400 1465 S. Grand, 63104

Reporting Period:

□(JAN-MAR)

□(APR-JUNE)

(JULY-SEPT)

□(OCT-DEC)

#### PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
	,
TOTAL ACTIVITY DISCHARGED:	0 .

#### PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

#### A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

9/1

I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

#### B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print/type name of signing official: Kevin Ferguson	20T 1 K 2006
,	£001 \ 0 \ \ \ 0 \ \ \ 0 \ \ \ 0 \ \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ 0 \ \ \ 0 \ \ 0 \ \ 0 \ \ 0
Title: Health Physicist	Telephone: 977-6896 / / ДИ/ISION ОГ
	1 / / / / / / / / / / / / / / / / / / /
Signature: hhi 4	Date: OF AND CONDENTAL COMPLIANCE
1	

SSM Cardenal Mennon



MEMO TO:

Alverda Oppermann

Sheila Michael Vanada Johnson John Scanga John Brockmann

FROM:

Darryl Reed

DATE:

July 12, 2006 \

RE:

Grease Interceptor Additives

If you find any grease generating facilities using one of the products listed below, "DO NOT FAIL" the facility for using the additive. These are the only five additives at this time that are recognized by MSD for use in grease interceptors. Check the section that pertains to the additive and make note of the brand.

All other types of additives are to be considered not recognized by MSD and therefore are to be issued a NOV and fail.

If you have any questions see me.

Additives that are recognized by MSD at this time;

McFree

InterBio

Eco Lab

BioLogix

Bacta-Pur

Consume

NCH - Eco Bionics

Super Chem-Zyme V

Cc: Mark Montague



### 166 81266

#### PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I:	IDENTIFYING INFORMATION	
Company Name	e: SSM CARDINAL GLENNONE HOSPITAL	
Permit No:	41121954-00	
Premise Addres	ss: 1465 S. Grand Blvd St. Louis, MO 63103-109	5
Monitoring Perio	od:   (JULY-SE	PT) $\square$ (OCT-DEC)
Samples Collect	ted By: MIDWEST TESTING LABORATORIES, INC.	

Analyses Performed By: MIDWEST TESTING LABORATORIES, INC.
PART II: ANALYTICAL RESULTS OF SELF MONITORING

ART II: ANALTHOAL RESULTS		r <del>i</del>	Militarings magazina and an analysis of the second and analysis of the second analysis of the second and analysis of the second analysis of the second analysis of the second and analysis of the second analysis of					
MSD SAMPLE POINT REFERENCE NUMBERS		00	01	(	004			Andrewsky Control of the Control of
DATES ON WHICH SAMPLES WERE COLLECTED		8	-10-06	8-	-1006			
TIMES AT WHICH SAMPLES WERE COLLECTED		8:1	<u>5to2:15pm</u>	8:3	30to2:30pm			
PARAMETER	LIMIT	11	ECORD SAMPLE TYP grab, C=composi				13	UNITS
FEON								
OIL & GREASE	200		16		10			mg/I
BOD	200		268		236			mg/I
COD	****		400		361			mg/I
TOTAL SUSPENDED SOLIDS	****		110		149			mg/I
TEMPERATURE(Degrees C)	60		24 2		22.4			
pH (Std. Units)	5.5-1		6.24		8.42			
SILVER	.5		0.01		0.01			mg/L
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		$\parallel$			*******			

You must complete and sign the certification statements on the reverse side.

DIVISION OF ENVIRONMENTAL COMPLIANCE

4

PART III:

#### SPECIAL CERTIFICATION STATEMENTS



Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A.	If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s)
В.	If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:    Certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active
	connection points which are not specified in my permit .
C	If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:  I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.
D.	If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:
	I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
E.	If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR
F.	Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following-certification:
	I certify; since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.9.
G.	Discharges Subject to Categorical Standards for Electroplating (40 CFR 413); Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:  Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.
PART	IV: GENERAL CERTIFICATION STATEMENTS
nitial the	e box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.
<b>A.</b> 	Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:  In lieu of monitoring for TTO at sample point(s)
3. ·	DISCHARGE MONITORING REPORT CERTIFICATION
designed who mar and belie	under penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system of to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons the persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge of, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine risonment for knowing violations.
orint or 1	type name of signing official: Bup FredericH
Title:	Facilities Manager- Telephone: 577-5327
Signatur	e: Buch Frederick Date: 8-22-06
	2 SMF 1093

# MOROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

MSD

PART I: IDENTIFYING INFORMATION

SSM Cardinal Llennon

Permit No: - 4 165 S. Grand, 63104

Reporting Period:

□(JAN-MAR)

(APR-JUNE)

□(JULY-SEPT)

□(OCT-DEC)

#### PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

#### PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.

Everyone must complete the information under items A & B and sign this report.

#### A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

Z

I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

#### B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print/type name of signing official: Kevin Ferguson	<u> </u>
Title: Health Physicist	Telephone: 977-6896
Signature:	Date: 7(5-111-610-2005)
	DIVISION OF FAVIBONMENTAL COMPLIANCE

#### MSD



#### PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I:	IDENTIFYING INFOR	MATION		•
Company Name	SSM CARDINA	GLENNONE HOSPITAL		
Permit No:	41121954-00			
		nd Blvd. St. Louis,		
Monitoring Perio	od: □(JAN-MA	R) (APR-JUNE)	□(JULY-SEPT)	□(OCT-DEC)
Samples Collec	ted By: MIDWEST	TESTING LABORATORIES,	INC	
Analyses Perfor	med By: MIDWEST	TESTING LABORATORIES	, INC.	
ŕ			•	

#### PART II: ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS	>	001	004	
DATES ON WHICH SAMPLES WERE COLLECTED TIMES AT WHICH SAMPLES WERE COLLECTED	>	05-04-06 08:00 am	05-04-06 08:15 am	
PARAMETER	LIMIT		TYPES (G, C, M OR E) AND RESULTS BELOW osite, M=measured flow, E=estimated flow	UNITS
FEOS				
OIL & GREASE	200	20	13	mg/L
BOD	200	160	175	mg/L
COD	****	199	281	mg/L
TOTAL SUSPENDED SOLIDS	****	181	132	mg/I
TEMPERATURE(Degrees C)	60	25.7	21.3	
pH (Std. Units)	5.5-1	7.01	7.96	
SILVER	. 5	0.01	0.02	mg/L
			-	
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			RECEIVED	)
			JUN 19 2006	

You must complete and sign the certification statements on the reverse side.

PART III:

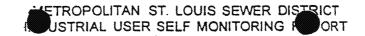
#### SPECIAL CERTIFICATION STATEMENTS



Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A.	If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:
	l certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s)
В.	If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.
C	If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:  I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.
D.	If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:
	I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
E.	If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR
F.	Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following-certification.  I certify; since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.99.
G.	Discharges Subject to Categorical Standards for Electroplating (40 CFR 413); MetaleFinishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:  Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.
PART	V: GENERAL CERTIFICATION STATEMENTS
nitial th	box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.
<b>A.</b> 	Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:  In lieu of monitoring for TTO at sample point(s)  It certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.
3	DISCHARGE MONITORING REPORT CERTIFICATION
designed who mai and belik and imp	nder penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons age the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine sonment for knowing violations.  pename of signing official: Bub Frederic H
ੀde:	Facilities
Signatur	Pacel Frederick Date: 6/14/06

SMF 10/93



### PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT



PART I:

IDENTIFYING INFORMATION

Company Name: _	SSM CARDINAL GLE	NONE HOSPITAL		
	41121954-00			
	1465 S. Grand Bl	vd. St. Louis M	0 63103-1095	
	(JAN-MAR)		□(JULY-SEPT)	□(OCT-DEC)
Samples Collected	By: MIDWEST TESTI	NG LABORATORIES,	INC	
Analyses Performe	ed By: MIDWEST.TEST	ING LABORATORIES,	INC	
PART II. AN	ALYTICAL RESULTS OF	SELF MONITORING	•	

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>	11	11	responses to the contract of t	<b> </b>
		JLJ	elipina and page and	ļ
>	7:15-2:15 pm	7:30-2:30 pm		
LIMIT	1)			UNITS
200	26	18		mg/I
200	992	314		mg/L
***	1410	813	Agginolytiquations general displaced that displaced the contraction of	mg/I
***	196	348		mg/I
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	> LIMIT  200 200 ****  **** 60 5.5-17	O2-10-06   7:15-2:15 pm   RECORD SAMPLE TY   G=grab, C=composi	O2-10-06   O2-10-06	O2-10-06   O2-10-06

You must complete and sign the certification statements on the reverse side.

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PART III:

SPECIAL CERTIFIC ON STATEMENTS



Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A.	If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:
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PART	IV: GENERAL CERTIFICATION STATEMENTS
Initial th	e box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.
<b>A</b>	Discharges at sample points subject only to MSD Ordinance limits can be exempled from TTO monitoring subject to the following certification:  In lieu of monitoring for TTO at sample point(s)
B	DISCHARGE MONITORING REPORT CERTIFICATION
designed who mar and belie	under penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system of to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons that the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge of, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine risonment for knowing violations.
Print or	type name of signing official: Bup Frederich
Title:	Facilities manager. Telephone: 577-5327
Signatur	e: Speel Freduct Date: 3-13-06
	2 SMF 1093

2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

**Date:** February 27, 2006 **Lab. No.:** 2006MT0176 **Invoice No.:** 260240

SSM CARINAL GLENNONS CHILREN'S HOSPITAL 1465 S. Grand Boulevard St. Louis, Missouri 63104-1095

ATTENTION: Mr. Bud Frederich

#### REPORT OF TESTS

**SAMPLE MATRIX: WASTE WATER** 

SAMPLE I.D. : Sample Point Ref. Number: 001 Waste Water Grab, 07:15 a.m. / 02-10-06

Sample Point Ref. Number: 004 Waste Water Grab, 07:30 a.m. / 02-10-06

DATE ANALYZED: 02-15-06

RESULTS: ug/L OR PARTS PER BILLION (PPB)

#### **VOLATILE ORGANICS EPA 600 METHOD 624**

ANALYTE	SP# 001	SP# 004	MDL
1,1,1,2-Tetrachloroethane	ND	ND	5.0
1,1,1-Trichloroethane	ND	ND	5.0
1,1,2,2-Tetrachloroethane	ND .	ND	5.0
1,1,2-Trichloroethane	ND	ND	5.0
1,1-Dichloro-2-propanone	ND	ND	5.0
1,1-Dichloroethane	ND	ND	5.0
1,1-Dichloroethene	ND	ND	5.0
1,1-Dichloropropene	ND	ND	5.0
1,1'-Oxybis-ethane	ND	ND	5.0
1,2,3-Trichlorobenzene	ND	ND	5.0
1,2,3-Trichloropropane	ND	ND	5.0
1,2,4-Trichlorobenzene	ND	ND	5.0
1,2,4-Trimethylbenzene	ND	ND	5.0
1,2-Dibromo-3-chloropropane	ND	ND	5.0
1,2-Dibromoethane	ND	ND	5.0
1,2-Dichlorobenzene	ND	ND	5.0
1,2-Dichloroethane	ND	ND	5.0
1,2-Dichloropropane	ND	ND	5.0
1,3,5-Trimethylbenzene	ND	ND	5.0
1,3-Dichlorobenzene	ND	ND	5.0
1,3-Dichloropropane	ND	ND	5.0
1,4-Dichlorobenzene	ND	ND	5.0
1,4-Dichloro-2-butene	ND	ND	5.0
1-Chlorobutane	ND	ND	5.0
2,2-Dichloropropane	ND	ND	5.0
2-Butanone	ND	ND	10.0

Page 1 of 3

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MAR 15 2006

Midwest Testing Laboratories, Inc. warrants that the testing services were conducted in accordance with the standards and procedures specified herein in accordance with generally accepted testing laboratory principles and practices, including generally accepted margins of error for the instruments used in performing the tests. No other warrantees are rendered by Midwest Testing Laboratories as to fitness of the sample for any particular purpose. The only tests requested by the client are those that are set forth on the front of this report. Client releases and holds Midwest Testing Laboratories harmless for any damages which may have been discovered, avoided or mitigated as a result of any additional testing not requested by the client.

The analysis and / or tests have been made and report prepared, based upon results from specific samples identified and supplied by the client or their representatives. We assume no responsibility for any extrapolation of data from the test results and relating such test results to any batch or lot or material from which we had no control of sample acquisition.

This report is furnished in strict confidence for the exclusive use of the client or the client's representative, and no distribution of all or part of the report shall be made to third parties without the prior written approval of the client or the client's representative ordering the work. Official reports will be provided only by Midwest Testing Laboratories, Inc. and will contain a raised seal to certify authenticity. Modification or reproduction of these reports by anyone other than Midwest Testing Laboratories, Inc. is prohibited.

If during or after the performing of these tests it is subsequently necessary for Midwest Testing Laboratories to recreate reports, assemble materials, gather additional information or perform other work with regard to these test results to assist in the preparation for any investigation, civil proceedings or criminal action, regardless of who makes such a request or issues a subpoena, client shall reimburse Laboratory for out of pocket expenses incurred in relation to such work. Client further agrees to compensate Laboratory for any such work which is required, including any time devoted to testifying in depositions, at hearings or in court.

Samples will be destroyed by the laboratory 30 days after the issuance of a formal report, unless the return of the samples to client or client's representative is specifically requested in writing.

2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

Date: February 27, 2006 Lab No.: 2006MT0176 Invoice No.: .260240

SSM CARINAL GLENNONS CHILDREN'S HOSPITAL 1465 Grand Boulevard St. Louis, Missouri 63104-1095

ATTENTION: Mr. Bud Frederich

REPORT OF TESTS

**SAMPLE MATRIX**: WASTE WATER

SAMPLE I.D.: Sample Point Ref. Number: 001 Waste Water Grab, 07:15 a.m. / 02-10-06

Sample Point Ref. Number: 004 Waste Water Grab, 07:30 a.m. / 02-10-06

DATE ANALYZED : 02-21-06

RESULTS: mg/L OR PARTS PER MILLION ( PPM )

#### **SEMI - VOLATILE ORGANICS EPA 600 METHOD 625**

ANALYTE	SP# 001	SP# 004	MDL
bis- ( Chloromethyl ) – ether	ND	ND	0.010
Pyridine	ND	ND	0.010
Aniline	ND	ND	0.010
Benzyl alcohol	ND	ND	0.010
Phenol	ND	ND	0.010
2-Chlorophenol	ND	ND	0.010
bis-( 2-Chloroethyl ) ether	ND	ND	0.010
N-nitrosodimethylamine	ND	ND	0.010
bis- (2-Chloroisopropyl ) ether	ND	ND	0.010
N-Nitroso-di-n-propylamine	ND	. ND	0.020
1,3-Dichlorobenzene	ND	ND	0.010
1,4-Dichlorobenzene	ND	ND	0.010
1,2-Dichlorobenzene	ND	ND	0.010
o-Cresol	ND	ND	0.010
m,p-Cresol	ND	ND	0.010
Hexachloroethane	ND	ND	0.010
Nitrobenzene	ND	ND	0.010
2,4-Dimethylphenol	ND	ND	0.010
4-Chloroaniline	ND	ND	0.010
2-Nitrophenol	ND	ND	0.010
2,4-Dichlorophenol	ND	ND	0.010
Benzoic acid	ND	ND	0.050
4-Chloro-3-methylphenol	ND	ND	0.010
bis (2-Chloroethoxy) methane	ND	ND	0.010
Isophorone	ND	ND	0.010

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Page 1 of 3

MAR 15 2006

Midwest Testing Laboratories, Inc. warrants that the testing services were conducted in accordance with the standards and procedures specified herein in accordance with generally accepted testing laboratory principles and practices, including generally accepted margins of error for the instruments used in performing the tests. No other warrantees are rendered by Midwest Testing Laboratories as to fitness of the sample for any particular purpose. The only tests requested by the client are those that are set forth on the front of this report. Client releases and holds Midwest Testing Laboratories harmless for any damages which may have been discovered, avoided or mitigated as a result of any additional testing not requested by the client.

The analysis and / or tests have been made and report prepared, based upon results from specific samples identified and supplied by the client or their representatives. We assume no responsibility for any extrapolation of data from the test results and relating such test results to any batch or lot or material from which we had no control of sample acquisition.

This report is furnished in strict confidence for the exclusive use of the client or the client's representative, and no distribution of all or part of the report shall be made to third parties without the prior written approval of the client or the client's representative ordering the work. Official reports will be provided only by Midwest Testing Laboratories, Inc. and will contain a raised seal to certify authenticity. Modification or reproduction of these reports by anyone other than Midwest Testing Laboratories, Inc. is prohibited.

If during or after the performing of these tests it is subsequently necessary for Midwest Testing Laboratories to recreate reports, assemble materials, gather additional information or perform other work with regard to these test results to assist in the preparation for any investigation, civil proceedings or criminal action, regardless of who makes such a request or issues a subpoena, client shall reimburse Laboratory for out of pocket expenses incurred in relation to such work. Client further agrees to compensate Laboratory for any such work which is required, including any time devoted to testifying in depositions, at hearings or in court.

Samples will be destroyed by the laboratory 30 days after the issuance of a formal report, unless the return of the samples to client or client's representative is specifically requested in writing.

2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

ANALYTE	SP# 001	SP# 004	MDL
2-Chlorotoluene	ND	ND	5.0
2-Hexanone	ND	ND	5.0
2-Nitropropane	ND	ND	5.0
2-Propenic acid, methyl ester	ND	ND	5.0
2-Methoxy-2-Methylpropane	ND	ND	5.0
4-Chlorotoluene	ND	ND	5.0
4-Methyl-2-pentanone	ND	ND	5.0
Acetone	ND	ND.	5.0
Acrolein	ND	ND	100.0
Acrylonitrile	· ND	ND	5.0
Allyl chloride	ND	ND	5.0
Benzene	ND	ND	5.0
Bromobenzene	ND	ND	5.0
Bromochloromethane	ND	ND	5.0
Bromodichloromethane	ND	ND	5.0
Bromoform	ND	ND	5.0
Bromomethane	ND	ND	5.0
Carbon disulfide	ND	ND	5.0
Carbon tetrachloride	ND	ND	5.0
Chlorobenzene	ND	ND	5.0
Chloroethane	ND	ND	5.0
Chloroform (LC)	MQ	NB.	3:0
Chloromethane	ND	ND	5.0
cis-1,2-Dichloroethene	ND	ND	5.0
cis-1,3-Dichloropropene	ND	ND	5.0
Dibromochloromethane	ND	ND	5.0
Dibromomethane	ND	ND	5.0
Dichlorodifluoromethane	ND	ND	5.0
Ethyl methacrylate	ND	ND	5.0
Ethylbenzene	ND	ND	5.0
Heptane	ND	ND	5.0
Hexachlorobutadiene	ND	ND	5.0
Hexachloroethane	ND	ND	5.0
Hexane	ND	ND	5.0
Iodomethane	ND	ND	5.0
Isopropylbenzene	ND	ND	5.0
m,p-Xylenes	ND	ND	5.0
Methacrylonitrite	ND	ND	5.0
Methyl Methacrylate	ND	ND	5.0
Methylacrylate	ND	ND	5.0

Page 2 of 3

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MAR 1 5 2006

Midwest Testing Laboratories, Inc. warrants that the testing services were conducted in accordance with the standards and procedures specified herein in accordance with generally accepted testing laboratory principles and practices, including generally accepted margins of error for the instruments used in performing the tests. No other warrantees are rendered by Midwest Testing Laboratories as to fitness of the sample for any particular purpose. The only tests requested by the client are those that are set forth on the front of this report. Client releases and holds Midwest Testing Laboratories harmless for any damages which may have been discovered, avoided or mitigated as a result of any additional testing not requested by the client.

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This report is furnished in strict confidence for the exclusive use of the client or the client's representative, and no distribution of all or part of the report shall be made to third parties without the prior written approval of the client or the client's representative ordering the work. Official reports will be provided only by Midwest Testing Laboratories, Inc. and will contain a raised seal to certify authenticity. Modification or reproduction of these reports by anyone other than Midwest Testing Laboratories, Inc. is prohibited.

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Samples will be destroyed by the laboratory 30 days after the issuance of a formal report, unless the return of the samples to client or client's representative is specifically requested in writing.

2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

ANALYTE	SP# 001	SP# 004	. MDL
Methylene chloride	ND	MQ	5.0
n-Butylbenzene	ND	. ND	5.0
n-prppylbenzene	. ND	ND	5.0
Naphthalene	-ND	ND ·	5.0
Nitrobenzene	ND	ND	5.0
o-Xylene	ND -	ND	5.0
p-isopropyltoluene	ND	ND	5.0
Pentachloroethane	ND	ND	5.0
Propionitrile	ND	ND	5.0
sec-Butylbenzene	ND	ND	5.0
Styrene	ND	ND	5.0 ·
tert-Butylbenzene	ND	ND	5.0
Tetrachloroethene	ND	ND	5.0
Tetrahydrofuran	ND	ND	5.0
Toluene	ND	ND	5.0
trans-1,2-Dichloroethene	ND	ND	5.0
trans-1,3-Dichloropropene	ND	ND	5.0
trans-1,4-Dichloro-2-butene	ŅD	ND	5.0
Trichloroethene	ND	ND	5.0
Trichlorofluoromethane	ND	ND	5.0
Vinyl acetate	ND	ND	5.0
Vinyl chloride	ND	ND	5.0

ND: Not Detected / MDL: Method Detection Limit

Identification of tested specimens prvided by the client.

MIDWEST TESTING LABORATORIES, INC.

DINESH N. SHAH Laboratory Manager

Page 3 of 3

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MAR 15 2006

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2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

Date: February 27, 2006 Lab. No.: 2006T0176 Invoice No.: 260240

SSM CARDINAL GLENNONS CHILREN'S HOSPITAL 1465 S. Grand Boulevard St. Louis, Missouri 63104-1095

ATTENTION: Mr. Bud Frederich

#### REPORT OF TESTS

**SAMPLE MATRIX**: WASTE WATER

SAMPLE I.D.: Sample Point Ref. Number: 001 Waste Water Grab, 07:15 a.m. / 02-10-06

Sample Point Ref. Number: 004 Waste Water Grab, 07:30 a.m. / 02-10-06

DATE ANALYZED: 02-23-06

RESULTS: ug/L OR PARTS PER BILLION (PPB)

### ORGANOCHLORINE PESTICIDE ANALYSIS SW-846 METHOD 8081

ANALYTE	SP# 001	SP# 004	MDL
Aldrin	ND	ND	0.05
alpha-BHC	ND	ND	0.05
beta-BHC	ND	ND	0.05
gamma-BHC (Lindane)	ND	ND	0.04
delta- BHC	ND	ND	0.05
Chlordane	ND	ND	0.14
4,4'-DDD	ND	ND	0.05
4,4'-DDE	ND	ND	0.05
4,4'-DDT	ND	ND	0.05
Dieldrin	ND	ND	0.05
Endosulfan I	ND	ND	0.05
Endosulfan II	ND	ND	0.05
Endosulfan Sulfate	ND	ND	0.05
Endrin	ND	ND	0.06
Endrin Aldehyde	ND	ND	0.05
Heptachlor	ND	ND	0.04
Heptachlor Epoxide	ND	ND	0.20
Methoxychlor	ND	ND	0.06
Toxaphene	ND	ND	0.56
AROCHLOR-1016	ND	ND	0.50
AROCHLOR-1221	ND	ND	0.50
AROCHLOR-1232	ND	ND	0.50
AROCHLOR-1242	ND	ND	0.50
AROCHLOR-1248	ND	ND	0.50
AROCHLOR-1254	ND	ND	0.50
AROCHLOR-1260	ND	ND	0.50

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DIVISION OF ENVIRONMENTAL COMPLIANCE

ND: Not detected / MDL: Method Detection Limit

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2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

ANALYTE	SP# 001	SP# 004	MDL
1,2,4-Trichlorobenzene	ND	ND	0.010
2-Methylnaphtalene	ND	ND	0.010
Hexachlorocyclopentadiene	ND	ND.	0.010
Naphthalene	ND	ND	0.010
Hexachlorobutadiene	ND	ND ·	0.010
2,4,6-Trichlorophenol	ND	ND	0.010
2,4,5-Trichlorophenol	ND	. ND	0.010
2-Nitroaniline	ND	ND	0.010
3-Nitroaniline	ND	ND	0.010
4-Nitroaniline	ND	ND	0.010
2,4- Dinitrophenol	NB	NQ	0.010
4-Nitrophenol	ND	ND	0.010
4,6-Dinitro-2-methylphenol	ND	ND	0.010
2-Chloronaphthalene	ND	ND	0.010
4-Chlorophenyl phenyl ether	ND	ND	0.010
Dimethyl phthalate	ND	ND	0.010
2,6-Dinitrotoluene	ND	ND	0.010
Acenaphthylene	ND	ND	0.010
Dibenzofuran	ND	ND	0.010
Diethyl phthalate	ND	ND	0.010
Acenaphthene	ND	ND	0.010
Benzo(g,h,i)perylene	· ND	ND	0.010
Fluorene	ND	ND	0.010
Azobenzene	ND	ND	0.010
2,4-Dinitrontoluene	ND	ND	0.010
Hexachlorobenzene	ND	ND	0.010
Pentachlorophenol	ND	ND	0.010
N-Nitrosodiphenylamine	ND	ND	0.010
4-Bromophenyl phenyl ether	ND	ND	0.010
Carbazole	ND	ND	0.010
Di-n-butyl phthalate	ND	ND	0.010
Phenanthrene	ND	ND	0.010
Anthracene	ND	ND	0.010
Fluoranthene	ND	ND	0.010
Butyl benzyl phthalate	ND	ND	0.010
bis (2-ethylhexyl) phthalate	ND	ND	0.010
Pyrene	ND	ND	0.010 :
Benzo(a)anthracene	ND	ND	0.010
Chrysene	ND	ND	0.010
3,3'-Dichlorobenzidine	ND	ND	0.010
Di-n-octyl phthalate	ND	ND	0.010
Benzidine	ND	ND	0.010
Benzo(b)fluoranthene	ND	ND	0.010
Benzo(k)fluoranthene	ND	ND	0.010
Benzo(a)pyrene	ND	ND	0.010 H E

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Page 2 of 3

MAR 1 5 2006

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## MIDWEST TESTING LABORATORIES

2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

ANALYTE	SP# 001	SP# 004	MDL
Dibenzo(a,h)anthracene	ND	ND	0.010
Indeno(1,2,3-cd)pyrene	ND	ND	0.010

ND: Not Detected / MDL: Method Dection Limit

Identification of tested specimens provided by the client.

MIDWEST TESTING LABORATORIES, INC.

DINESH N. SHAH

Laboratory Director

Page 3 of 3

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DIVISION OF ENVIRONMENTAL COMPLIANCE

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# Metropolitan St. Louis Sever District

Division of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913 (314) 436-8710 FAX (314) 436-8753

MSD

February 15, 2006

Dorothy Purcell
Director of Risk/Quality Manager
SSM CARDINAL GLENNON CHILDREN'S HOSPITAL
1465 South Grand Boulevard
St. Louis, MO 63104

RE: NOTICE OF PERMIT VIOLATION

RADIOACTIVE DISCHARGE REPORT Discharge Permit No: 41121954-00

For premise at: 1465 South Grand Boulevard

Dear Ms. Purcell:

Thank you for your recent letters addressing the failure to submit your third and fourth quarter radioactive discharge reports. The following violations of permit limitations, terms or conditions were identified:

### VIOLATIONS OF CONDITIONS/REQUIREMENTS:

Although your letters cite that no radioactive discharges occurred during the third and fourth quarter reporting periods, the letters do not equate to Industrial User Radioactive Materials Discharge Reports since the District's report form was not used.

### REQUIRED ACTION/RESPONSE:

Submit your third and fourth quarter 2005 radioactive discharge reports. Please utilize the enclosed District report forms and be sure to complete all applicable certifications. Additionally, all future radioactive discharge report submittals must employ the District's report form. Please submit the third and fourth quarter reports to the District by February 27, 2006.

Failure to perform the monitoring and reporting requirements of your permit places your company in Significant Noncompliance (SNC), as defined in District ordinance 8472 and federal pretreatment regulations 40 CFR 403. SNC companies are subject to enforcement action by the District. At a minimum, the District is required to list SNC companies in an annual newspaper publication.

If you have any questions, please contact me at 436-8756.

Sincerely,

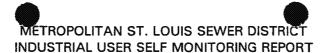
METROPOLITAN ST. LOUIS SEWER DISTRICT

Fabian T. Grabski Assistant Engineer

**Enclosurers** 

pc: Suspense file

cc: Douglas Mendoza Industry file





### PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

SSM

Company Name: ST. MARY'S HEALTH CENTER

Permit No:

90093873-01

Premise Address: 6420 CLAYTON ROAD, ST. LOUIS, MISSOURI 63117

Monitoring Period:

[X] (JAN-MAR)

[](APR-JUNE)

[](JULY-SEPT)

[](OCT-DEC)

Samples Collected By:

WELLINGTON ENVIRONMENTAL CONSULTING AND CONSTRUCTION, INC.

Analyses Performed By:

TEKLAB, INC.

MSD SAMPLE POINT REFERENCE NUMBER>  DATES ON WHICH SAMPLES WERE COLLECTED>  TIMES AT WHICH SAMPLES WERE COLLECTED>			002 / 003 /				004 🗸		
			/17/06 - 1/18/06	1	1/17/06 - 1/18/06		1/17/06 - 1/18/06		
			30 a.m 6:45 a.m.	11:	30 a.m 6:45 a.m.	11:	30 a.m 6:45 a.m.		
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G,C,M, OR E) A G = grab, C = composite, M = measured flo					UNITS		
FLOW		Е	93,412	E	30,692	E	9,341	GPD	
BIOCHEMICAL OXYGEN DEMAND	***	С	328	С	50	С	118	mg/l	
CHEMICAL OXYGEN DEMAND	* * *	С	730	С	117	С	278	mg/l	
OIL AND GREASE	200	G	59	G	9	G	19	mg/l	
pH :	BETWEEN 5.5 - 11.5	G	8.7	G	10.6	G	10.3		
TEMPERATURE	60	G	19.0	G	13.6	G	13.6	°C	
TOTAL SUSPENDED SOLIDS	***	С	164	С	19	С	85	mg/l	
SILVER	0.5	С	<0.0100	С	0.0055	С	0.0171	mg/l	
TOTAL TOXIC ORGANICS	5.52	G	-	G	-	G	-	mg/l	
TIME AT WHICH GRAB SAMPLE WAS COLLECTED			11:40 a.m.		11:55 a.m.		12:30 p.m.		
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						الما الما	ISION OF		

You must complete and sign the certification statements on the reverse side.

ENVIRONMENTAL COMPLIANCE



## PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains so Special Conditions, then none of the certifications in Part III apply to you. GO ON TO PART IV.

Α.	If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:  [ ] I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at
	sampling point(s)
В.	If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at
	those active connection points which are not specified in my permit.
C.	If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:
	[ ] I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.
D.	If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:
	[ ] I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
	<u> </u>
E.	If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification:
	[ ] I certify that the permitted facility does not discharge any wastes which are subject to pretreatment standards in 40 CFR
F.	Discharges subject to Pharmaceutical Categorical Standards (40CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:
	[ ] I certify that the cyanide is not used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.
G.	Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical and Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical
	& Electronic Components sample point(s) subject to the following certification:
	[ ] Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.
PAF	RT IV: GENERAL CERTIFICATION STATEMENTS
Initi	al statement A if it applies to you. Everyone must complete the information under statement B and sign this report.
A.	Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:
	[ ] In lieu of monitoring for TTO at sample point(s), I certify that to the best of my knowledge and belief, no
	toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.
В.	DISCHARGE MONITORING REPORT CERTIFICATION
with of t sub	rtify under penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance in a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry the person or persons who manage the system, or those persons directly responsible for gathering the information, the information mitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for mitting false information, including the possibility of fine and imprisonment for knowing violations.
Prin	t or type name of signing official: Richard Ward
Title	Telephone: (314) 768-8025
Sigr	pature: Nature Date: 2/13/06

2



# Metropolitan St. Louis Sever District

Division of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913 (314) 436-8710 FAX (314) 436-8753

MSD

February 13, 2006

Dorothy Purcell
Director of Risk/Quality Manager
SSM CARDINAL GLENNON CHILDREN'S HOSPITAL
1465 South Grand Boulevard
St. Louis, MO 63104

**RE: NOTICE OF PERMIT VIOLATION** 

RADIOACTIVE DISCHARGE REPORT Discharge Permit No: 41121954-00

For premise at:

1465 South Grand Boulevard

Dear Ms. Purcell:

Under the terms and conditions of the above referenced permit, you are required to self-monitor your radioactive discharge to the municipal sewer. The results are to be reported quarterly. Your radioactive report for fourth quarter was due by January 28, 2006.

### **VIOLATIONS OF CONDITIONS/REQUIREMENTS:**

Although the District received your fourth quarter self-monitoring report on November 28, 2005, the fourth quarter 2005 radioactive discharge report has not been received by the District. This is in violation of permit standard condition I.A.1 and permit special condition II.A.1 which require sampling and analyses for all regulated substances at the frequencies specified in your permit. Since no report was submitted, you did not satisfy the fourth quarter's reporting requirements. Additionally, please note, that a review of our records identified that the District did not receive your third quarter 2005 radioactive discharge report.

### REQUIRED ACTION/RESPONSE:

Submit your third and fourth quarter 2005 radioactive discharge reports. Please submit the reports to the District by February 27, 2006.

Failure to perform the monitoring and reporting requirements of your permit places your company in Significant Noncompliance (SNC), as defined in District ordinance 8472 and federal pretreatment regulations 40 CFR 403. SNC companies are subject to enforcement action by the District. At a minimum, the District is required to list SNC companies in an annual newspaper publication.

If you have any questions, please contact me at 436-8756.

Sincerely.

METROPOLITAN ST. LOUIS SEWER DISTRICT

Fabian T. Grabski Assistant Engineer

pc: Suspense file

cc: Douglas Mendoza Industry file



## SSM Cardinal Glennon Children's Hospital MSD

1465 S. Grand Boulevard • St. Louis, MO 63104-1095 • (314) 577 5600 phone • www.cardinalglennon.com

SSM Health Care

Malcolm Baldrige National Quality Award • 2002 Award Recipient

February 9, 2006

Mr. Fabian T. Grabski Assistant Engineer Metropolitan St. Louis Sewer District 10 East Grand Avenue St. Louis, MO 63147-2913

RE: Fourth Quarter 2005 Radioactive Discharge Report SSM Cardinal Glennon Children's Hospital

Dear Mr. Grabski:

Enclosed please find the Fourth Quarter of 2005 Radioactive Discharge Report as required. Please note that there were no discharges of radioactive material for any of the Cardinal Glennon laboratories for this time frame.

If you have any questions regarding this report, please contact Kevin Ferguson, Health Physicist for St. Louis University, at 577-8609 or myself at 268-6481.

Sincerely,

Dorothy (Dodie) Purcell

Director of Risk/Quality Management

Enclosure

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FEB 1 4 2006

DIVISION OF ENVIRONMENTAL COMPLIANCE

THROUGH OUR EXCEPTIONAL HEALTH CARE SERVICES, WE REVEAL THE HEALING PRESENCE OF GOD.

### RADIATION SAFETY OFFICE INTEROFFICE MEMORANDUM

DATE:

January 5, 2005

TO:

Ms. Dodie Purcell

Facilities and Compliance Manager

Facilities Department Cardinal Glennon Hospital

FROM:

Kevin Ferguson 74

Health Physicist

Radiation Safety Office

Sewer Discharges Of Radioactive Material and Quarterly Metropolitan St. Louis SUBJECT:

Sewer District (MSD) Reports

As agreed to in the meeting between Mr. Mark Haenchen, Radiation Safety Officer and Mr. Al Wittrock, Safety Director on November 7, 1995, I am forwarding this notice that there were no discharges of radioactive materials from any of the Cardinal Glennon basement laboratories over which the Saint Louis University Radiation Safety Office maintains surveillance. This statement applies for the period beginning October 1, 2005 and ending December 31, 2005.

We will continue to report the discharges from the Pediatric Research Institute to MSD, as we have in the past. If you wish to have a copy of the report for the PRI, please give me a call at 977-6896.

RECEIVED

FEB 1 4 2006

**DIVISION OF ENVIRONMENTAL COMPLIANCE** 



# please read the instructions before completing this report $_{MSD}$

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IDENTIFYING INFORMATION

Company Name: _	SSM CARDINAL GLEN	NONE HOSPITAL		79-0-170-19-0-19-0-19-0-19-0-19-0-19-0-1
Permit No:				
Premise Address:	1465 S. Grand Bly	rd. St. Louis, M	0 63103-1095	
Monitoring Period:	□(JAN-MAR)	□(APR-JUNE)	□(JULY-SEPT)	(OCT-DEC)
Samples Collected	By: MIDWEST TESTIN	IG LABORATORIES,	INC.	***************************************
Analyses Performe	d By: MIDWEST TESTI	NG LABORATORIES,	INC	

### PART II:

## ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS	>	00	)]	<u> </u>	004			
DATES ON WHICH SAMPLES WERE COLLECTED	>_	_1.	L-08-05	11	-08-05		00000000000000000000000000000000000000	
TIMES AT WHICH SAMPLES WERE COLLECTED	>	7:1	15-3:15pm	7:2	5-3:25pm			
PARAMETER	LIMIT	11	ECORD SAMPLE TYP grab, C≃composi				11	UNITS
FEON								
OIL & GREASE	200		21		16			mg/L
BOD	200		188		· 196		ochnological Annico (go process process) (vivous linius GlASP COCC)	mg/L
COD	****		333		422			mg/L
TOTAL SUSPENDED SOLIDS	***		53		91			me/I.
TEMPERATURE(Degrees C)	60		15.3		14.7			
pH (Std. Units)	5,5-1		7.91		8.27			
SILVER	. 5		0.02		0.02			mg/L
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You must complete and sign the certification statements on the reverse side.

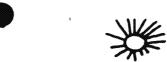
DIVISION OF ENVIRONMENTAL COMPLIANCE PART III: SPECIAL CERTIFIC ON STATEMENTS

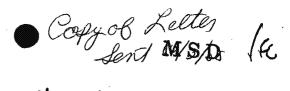


Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A.	If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s)
8.	If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.
C	If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:  I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.
D.	If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:
	I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
Ε.	If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR
F.	Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following-certifications—  I certify: since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards; in 40 CFR 439.6.
G.	Discharges Subject to Categorical Standards for Electroplating (40 CFR 413); Metala Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:  Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filling the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.
PART	IV: GENERAL CERTIFICATION STATEMENTS
Initial th	e box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.
<b>A</b>	Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:  In lieu of monitoring for TTO at sample point(s)
B	DISCHARGE MONITORING REPORT CERTIFICATION
designed who mai and belie	under penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system of to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or personage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge of, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of financial for knowing violations.
Print or	type name of signing official: Bub Frederich
Trile:	Recluber Manager. Telephone: 377-331/
Signatur	re:   Such Tradition   Date:       23/05

SMF 10/93





## SSM Cardinal Glennon Children's Hospital

1465 S. Grand Boulevard • St. Louis, MO 63104-1095 • (314) 577 5600 phone • www.cardinalglennon.com

SSM Health Care

Malcolm Baldrige National Quality Award • 2002 Award Recipient

October 3, 2005

Mr. Fabian T. Grabski Assistant Engineer Metropolitan St. Louis Sewer District 10 East Grand Avenue St. Louis, MO 63147-2913

RE: Third Quarter 2005 Radioactive Discharge Report

SSM Cardinal Glennon Children's Hospital

Dear Mr. Grabski:

Enclosed please find the Third Quarter of 2005 Radioactive Discharge Report as required. Please note that there were no discharges of radioactive material for any of the Cardinal Glennon laboratories for this time frame.

If you have any questions regarding this report, please contact Kevin Ferguson, Health Physicist for St. Louis University, at 577-8609 or myself at 268-6481.

Sincerely,

Dorothy (Dodie) Purcell

Dodie Henrold

Director of Risk/Quality Management

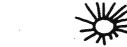
Enclosure

RECEIVED

FEB 1 4 2006

DIVISION OF ENVIRONMENTAL COMPLIANCE

THROUGH OUR EXCEPTIONAL HEALTH CARE SERVICES, WE REVEAL THE HEALING PRESENCE OF GOD.



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Sincerely,

Dorothy (Dodie) Purcell

Director of Risk/Quality Management

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Enclosure

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OCT - 6 2005

DIVISION OF ENVIRONMENTAL COMPLIANCE

THROUGH OUR EXCEPTIONAL HEALTH CARE SERVICES, WE REVEAL THE HEALING PRESENCE OF GOD.

### RADIATION SAFETY OFFICE INTEROFFICE MEMORANDUM

Environmental Safety SLU

DATE:

October 3, 2005

TO:

Ms. Dodie Purcell

Facilities and Compliance Manager

Facilities Department Cardinal Glennon Hospital

FROM:

Kevin Ferguson

Health Physicist

Radiation Safety Office

SUBJECT:

Sewer Discharges Of Radioactive Material and Quarterly Metropolitan St. Louis

Sewer District (MSD) Reports

As agreed to in the meeting between Mr. Mark Haenchen, Radiation Safety Officer and Mr. Al Wittrock, Safety Director on November 7, 1995, I am forwarding this notice that there were no discharges of radioactive materials from any of the Cardinal Glennon basement laboratories over which the Saint Louis University Radiation Safety Office maintains surveillance. This statement applies for the period beginning July 1, 2005 and ending September 30, 2005.

We will continue to report the discharges from the Pediatric Research Institute to MSD, as we have in the past. If you wish to have a copy of the report for the PRI, please give me a call at 977-6896.

RECEIVED

OCT - 6 2005

**DIVISION OF ENVIRONMENTAL COMPLIANCE** 

## IND

## PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I:

IDENTIFYING INFORMATION

Company Name: SSM CARDINAL GLENNONE HOSPITAL

Permit No: 41121954-00

Premise Address: 1465 S. Grand Blvd., St. Louis, MO 63103-1095

Monitoring Period:

□(JAN-MAR)

□(APR-JUNE)

(JULY-SEPT)

□(OCT-DEC)

Samples Collected By: MIDWEST TESTING LABORATORIES INC

Analyses Performed By: MIDWEST TESTING LABORATORIES, INC.

PART II:

MSD SAMPLE POINT REFERENCE NUMBERS	>	(),	.001		004			
DATES ON WHICH SAMPLES WERE COLLECTED>		0	8-25 <del>9</del> 05	08-25-05				
		07:	00-3:00pm	7:	15-3:15pm			
PARAMETER	LIMIT	(1			3, C, M OR E) AN ≔measured flow,			UNITS
FLON							>	
OIL & GREASE	200		28		12			mg/L
BOD	200		67		214			mg/L
' COD	****		80		463			mg/L
TOTAL SUSPENDED SOLIDS	****		77		330			mg/I
TEMPERATURE(Degrees C)	60		28.8		27.6			
pH (Std. Units)	5.5-1		7 35		7.72			
SILVER	.5		0.01.		0.02			mg/L
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You must complete and sign the certification statements on the reverse side.

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PART III:

SPECIAL CERTIFICA N STATEMENTS

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Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A.	If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s)
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F.	Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:  I certify: since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.
G.	Discharges Subject to Categorical Standards for Electroplating (40 CFR-413) Metals Finishing (40 CFR-433) or Electrical & Electronic Components (40 CFR-469) can be exempted from TTO monitoring only-at-the-Electroplating. Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:  Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.
PART I	V: GENERAL CERTIFICATION STATEMENTS
Initial the	box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.
<b>A</b>	Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:  In lieu of monitoring for TTO at sample point(s)
B	DISCHARGE MONITORING REPORT CERTIFICATION
designed who man and belie and impri	nder penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons age the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge f, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine sonment for knowing violations.
-	Total Andrew Control Total Andrew Control Total STATES TOTAL TOTAL STATES TOTAL STA
Title:	Telephone: 577-5327  E Rocal Frederick Date: 9-13-05
griature	2 SMF 1093

## MIDWEST TESTING LABORATORIES

2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

Date: September 2, 2005 Lab. No.: 2005MT0308 Invoice No.: 250384

SSM CARDINAL GLENNONS CHILDREN'S HOSPITAL 1465 S. Grand Boulevard St. Louis, Missouri 63103-1095

ATTENTION: Mr. Bud Frederich

### REPORT OF TESTS

**SAMPLE MATRIX: WASTE WATER** 

**SAMPLE I.D.** : Sample Point Ref. Number: 001

Waste Water composite: 07:00 a.m. to 03:00 p.m. / 8-25-05

Grab Sample 07:00 a.m./ 8-25-05 Sample Point Ref. Number: 004

Waste Water composite: 07:15 a.m. to 03:15 p.m. / 8-25-05

Grab Sample 07:15 a.m. / 8-25-05

**DATE ANALYZED:** 8-25-05 to 9-02-05

**RESULTS:** mg/L OR PARTS PER MILLION ( PPM )

ANALYTE	# 001	# 004	MDL	METHOD NUMBER
Oil & Grease	28	12	5	1664
BOD	67	214	10	405.1
COD	80	463	10	410.1
TSS	77	330	5	160.2
Temperature (Degrees C)	28.8	27.6	0.1	150.1
pH ( Std Units )	7.35	7.72	0.02	120.1
Silver	0.01	0.02	0.01	272.1

MDL: Method Detection Limit

Identification of tested specimens provided by the client

Control (1) alter and other and on

MIDWEST TESTING LABORATORIES, INC.

DINESH N. SHAH Laboratory Manager

MSD 036232

The analysis and / or tests have been made and report prepared, based upon results from specific samples identified and supplied by the client or their representatives. We assume no responsibility for any extrapolation of data from the test results and relating such test results to any batch or lot or material from which we had no control of sample acquisition.

This report is furnished in strict confidence for the exclusive use of the client or the client's representative, and no distribution-of-all-or part of the report shall be made to third parties without the prior written approval of the client or the client's representative ordering the work. Official reports will be provided only by Midwest Testing Laboratories, Inc. and will contain a raised seal to certify authenticity. Modification or reproduction of these reports by anyone other than Midwest Testing Laboratories, Inc. is prohibited.

If during or after the performing of these tests it is subsequently necessary for Midwest Testing Laboratories to recreate reports, assemble materials, gather additional information or perform other work with regard to these test results to assist in the preparation for any investigation, civil proceedings or criminal action, regardless of who makes such a request or issues a subpoena, client shall reimburse Laboratory for out of pocket expenses incurred in relation to such work. Client further agrees to compensate Laboratory for any such work which is required, including any time devoted to testifying in depositions, at hearings or in court.



# Metropolitan St. Louis wei District

 $M_{S_D}$ 

Division of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913 (314) 436-8710 FAX (314) 436-8753

September 8, 2005

George Salsman
Director of Plant Management
SSM - ST. JOSEPH HOSPITAL OF KIRKWOOD
525 Couch Avenue
St. Louis, MO 63122

**RE: NOTICE OF PERMIT VIOLATIONS** 

Discharge Permit No: 70191028-00

For premise at:

525 Couch Avenue

Dear Mr. Salsman:

We have reviewed the third quarter 2005 self-monitoring report you recently submitted to the District under the terms of the above referenced permit. The August 19, 2005 sample from sampling point 005 evidenced a Silver (Total) concentration of 0.293 mg/l.

This level exceeds your current permit limit and our ordinance limit of 0.01 mg/l. However, as you know from previous correspondence, the District intends to modify the ordinance limit and, hence, the permit limit to 0.5 mg/l based on changes in the Missouri Water Quality Standards. Since the value found is below the proposed new limit, it is not necessary for you to take steps to comply with the current permit limit

If you have any questions, please contact me at 436-8756.

∟ITÁN Ś∕T. LÓUIS SEWER DISTRICT

Fabian T. Grabski

Sincerely,

Assistant Engineer

cc: Douglas Mendoza Industry file



## SSM Cardinal Glennon Children's Hospital

MSD

1465 S. Grand Boulevard • St. Louis, MO 63104-1095 • (314) 577 5600 phone • www.cardinalglennon.com

SSM Health Care
Malcolm Baldrige National Quality Award • 2002 Award Recipient

July 12, 2005

Mr. Fabian T. Grabski Assistant Engineer Metropolitan St. Louis Sewer District 10 East Grand Avenue St. Louis, MO 63147-2913

RE:

Second Quarter 2005 Radioactive Discharge Report

SSM Cardinal Glennon Children's Hospital

Dear Mr. Grabski:

Enclosed please find the Second Quarter of 2005 Radioactive Discharge Report as required. Please note that there were no discharges of radioactive material for any of the Cardinal Glennon laboratories for this time frame.

If you have any questions regarding this report, please contact Kevin Ferguson, Health Physicist for St. Louis University, at 577-8609 or myself at 268-6481.

Sincerely,

Dorothy (Dodie) Purcell

Dodie Gucell

Director of Risk/Quality Management

Enclosure

RECEIVED

JUL 15 2005

DIVISION OF ENVIRONMENTAL COMPLIANCE

THROUGH OUR EXCEPTIONAL HEALTH CARE SERVICES, WE REVEAL THE HEALING PRESENCE OF GOD.

## RADIATION SAFETY OFFICE INTEROFFICE MEMORANDUM

DATE:

July 8, 2005

TO:

Ms. Dodie Purcell

Facilities and Compliance Manager

Facilities Department Cardinal Glennon Hospital

FROM:

Kevin Ferguson 77

Health Physicist

Radiation Safety Office

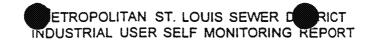
SUBJECT: Se

Sewer Discharges Of Radioactive Material and Quarterly Metropolitan St. Louis

Sewer District (MSD) Reports

As agreed to in the meeting between Mr. Mark Haenchen, Radiation Safety Officer and Mr. Al Wittrock, Safety Director on November 7, 1995, I am forwarding this notice that there were no discharges of radioactive materials from any of the Cardinal Glennon basement laboratories over which the Saint Louis University Radiation Safety Office maintains surveillance. This statement applies for the period beginning April 1, 2005 and ending June 30, 2005.

We will continue to report the discharges from the Pediatric Research Institute to MSD, as we have in the past. If you wish to have a copy of the report for the PRI, please give me a call at 977-6896.





## PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART II: ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS	>	00	1		004			
DATES ON WHICH SAMPLES WERE COLLECTED	>	5-	19-05	5-	19-05			
TIMES AT WHICH SAMPLES WERE COLLECTED	>	7:0	0-3:00pm	7:	15-3:15pm			
PARAMETER	LIMIT	17	CORD SAMPLE TYP					דואט
FYOW			**				onengagnejennggaggggggdenggripinggaggggggggggggggggggggggg	<u> </u>
OIL & GREASE	200		24		16		oocooooooooooooooooooooooooooooooooooo	mg/
BOD	200		101		172		<u>anggapangangangangangangkangkangkangkangkangka</u>	mg/
COD	****		153		362			mg/
TOTAL SUSPENDED SOLIDS	****	$\blacksquare$	164		207			mg/
TEMPERATURE(Degrees C)	60	$\parallel$	23.9		23.3			<b> </b>
pH (Std. Units)	5.5-1	╂—┼	7.03		8.16		0-0000-00-0-0-0-0-0-000000000000000000	<b> </b>
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You must complete and sign the certification statements on the reverse side.

PART III:

### SPECIAL CERTIFICATION STATEMENTS



Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

GENERAL CERTIFICATION STATEMENTS or statement A if it applies to you. Everyone must complete the arges at sample points subject only to MSD Ordinance limits can be a finitely of monitoring for TTO at sample point(s)	exempted from TTO monitoring subject to the following certification: , I certify that to the best of my knowledge and belief, no the wastewaters since filing of the last discharge monitoring report.  ed under my direction or supervision in accordance with a system mation submitted. Based on my inquiry of the person or persons ormation, the information submitted is, to the best of my knowledge
GENERAL CERTIFICATION STATEMENTS or statement A if it applies to you. Everyone must complete the arges at sample points subject only to MSD Ordinance limits can be a lin lieu of monitoring for TTO at sample point(s) toxic organics have been used at this premise or discharged into HARGE MONITORING REPORT CERTIFICATION enalty of Law that this document and all attachments were prepare that qualified personnel properly gather and evaluate the information of the system, or those persons directly responsible for gathering the information accurate, and complete. I am aware that there are significant penalish for knowing violations.	exempted from TTO monitoring subject to the following certification: , I certify that to the best of my knowledge and belief, no the wastewaters since filing of the last discharge monitoring report.  ed under my direction or supervision in accordance with a system mation submitted. Based on my inquiry of the person or persons ormation, the information submitted is, to the best of my knowledge
GENERAL CERTIFICATION STATEMENTS or statement A if it applies to you. Everyone must complete the arges at sample points subject only to MSD Ordinance limits can be a lin lieu of monitoring for TTO at sample point(s) toxic organics have been used at this premise or discharged into HARGE MONITORING REPORT CERTIFICATION enalty of Law that this document and all attachments were prepare that qualified personnel properly gather and evaluate the information system, or those persons directly responsible for gathering the information.	exempted from TTO monitoring subject to the following certification: , I certify that to the best of my knowledge and belief, no the wastewaters since filing of the last discharge monitoring report.  ed under my direction or supervision in accordance with a system mation submitted. Based on my inquiry of the person or persons ormation, the information submitted is, to the best of my knowledge
GENERAL CERTIFICATION STATEMENTS or statement A if it applies to you. Everyone must complete the arges at sample points subject only to MSD Ordinance limits can be of the first in lieu of monitoring for TTO at sample point(s) toxic organics have been used at this premise or discharged into	exempted from TTO monitoring subject to the following certification:, I certify that to the best of my knowledge and belief, no
GENERAL CERTIFICATION STATEMENTS or statement A if it applies to you. Everyone must complete the arges at sample points subject only to MSD Ordinance limits can be a finitely of monitoring for TTO at sample point(s)	exempted from TTO monitoring subject to the following certification:, I certify that to the best of my knowledge and belief, no
GENERAL CERTIFICATION STATEMENTS	information under statement B and sign this report.
	•
organic management plan submitted to MSD.	
onents (40 CFR 469) can be exempted from TTO monitoring onto conents sample point(s) subject to the following certification:  Based on my inquiry of the person or persons directly responsib organics (TTO), I certify that, to the best of my knowledge wastewaters has occurred since filing the last discharge monitor	R-413): Metale Finishing (40 CFR 433) or Electrical & Electronic y-at-the-Electroplating, Metal Finishing or Electrical & Electronic le formanaging compliance with the permit limitation for total toxic and belief, no dumping of concentrated toxic organics into the ring report. I further certify that this facility is implementing the toxic
arges subject to Pharmaceutical Categorical Standards (40 CFR 439) Pharmaceutical sample point(s) subject to the following certificatio I certify; since the last discharge monitoring report, cyanide has process subject to Categorical Standards in 40 CFR 439:8;	netbeen used or generated in any pharmaceutical manufacturing
r permit special conditions prohibit discharge of wastes which are sub ke the following certification:  I certify, since the last discharge monitoring report, there has standards in 40 CFR	•
r permit special conditions authorize grab sample collection in lieu of the following certification:  I certify the grab sample results in this report accurately represemble.	
I certify, since the permit issue date, there has been no chang points remain inactive and no discharge occurred during the process of the permit is the process of the pro	e in the status of connection points identified as inactive. These
I certify, since the last discharge monitoring report, there has been connection points which are not specified in my permit.	
point(s)	pints which are not specified as sample points in your permit, you
ir permit special conditions waive monitoring at any sample point(s) cation:  I certify, since the last discharge monitoring report, there has been	
	reation:  I certify, since the last discharge monitoring report, there has been point(s)  repermit special conditions waive monitoring at active connection produced to make the following certification:  I certify, since the last discharge monitoring report, there has been connection points which are not specified in my permit.  I certify, since the permit issue date, there has been no change points remain inactive and no discharge occurred during the permit special conditions authorize grab sample collection in lieu of the following certification:  I certify the grab sample results in this report accurately represent the following certification:  I certify, since the last discharge monitoring report, there has standards in 40 CFR  arges subject to Pharmaceutical Categorical Standards (40 CFR 439)  Pharmaceutical sample point(s) subject to the following certification:  I certify; since the last discharge monitoring report, expanide has process subject to Categorical Standards for Electroplating (40 CFR 439) can be exempted from TTO monitoring onto onents sample point(s) subject to the following certification:  Based on my inquiry of the person or persons directly responsible organics (TTO), I certify that, to the best of my knowledge

Swr inst



MSD 5116

1465 S. Grand Boulevard • St. Louis, MO 63104-1095 (314) 577 5600 phone • www.cardinalglennon.com

May 6, 2005

Mr. Fabian T. Grabski Assistant Engineer Metropolitan St. Louis Sewer District 10 East Grand Avenue St. Louis, MO 63147-2913

RE: First Quarter 2005 Radioactive Discharge Report

SSM Cardinal Glennon Children's Hospital

Dear Mr. Grabski:

Enclosed please find the First Quarter of 2005 Radioactive Discharge Report as required. Please note that there were no discharges of radioactive material for any of the Cardinal Glennon laboratories for this time frame.

If you have any questions regarding this report, please contact Kevin Ferguson, Health Physicist for St. Louis University, at 577-8609 or myself at 268-6481.

Sincerely,

Dorothy (Dodie) Purcell

Director of Risk/Quality Management

Enclosure

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MAY 1 1 2005

DIVISION OF ENVIRONMENTAL COMPLIANCE

THROUGH OUR EXCEPTIONAL HEALTH CARE SERVICES, WE REVEAL THE HEALING PRESENCE OF GOD.

## RADIATION SAFETY OFFICE INTEROFFICE MEMORANDUM

***********************************

DATE:

April 5, 2005

TO:

Ms. Dodie Purcell

Facilities and Compliance Manager

Facilities Department Cardinal Glennon Hospital

FROM:

Kevin Ferguson 17

Health Physicist

Radiation Safety Office

SUBJECT:

Sewer Discharges Of Radioactive Material and Quarterly Metropolitan St. Louis

Sewer District (MSD) Reports

As agreed to in the meeting between Mr. Mark Haenchen, Radiation Safety Officer and Mr. Al Wittrock, Safety Director on November 7, 1995, I am forwarding this notice that there were no discharges of radioactive materials from any of the Cardinal Glennon basement laboratories over which the Saint Louis University Radiation Safety Office maintains surveillance. This statement applies for the period beginning January 1, 2005 and ending March 31, 2005.

We will continue to report the discharges from the Pediatric Research Institute to MSD, as we have in the past. If you wish to have a copy of the report for the PRI, please give me a call at 977-6896.

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MAY 1 1 2005

DIVISION OF FNVIRONMENTAL COMPLIANCE

MSD

Division of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913 (314) 436-8710 FAX (314) 436-8753

April 11, 2005

Bud Fredrick SSM CARDINAL GLENNON CHILDREN'S HOSPITAL 1465 South Grand Blvd St. Louis, MO 631041095

RE: COMPOSITE COMPLIANCE MONITORING

Discharge Permit No: 4112195400

For premise at: 1465 South Grand Blvd.

St. Louis, MO 63104

Dear Mr. Fredrick:

A recent review of submitted self-monitoring reports from permitted Significant Industrial Users has identified that several have initiated using composite sampling methodology that encompasses less than a representative composite time period. Consequently, the following guidance is offered as a reminder as to what compositing periods are acceptable to the District.

Unless specified within the permit special conditions, all pollutants requiring composite samples must "be made up by combining a minimum of four individual grab samples within a 24-hour period. The individual grabs must be adequately flow or time proportioned to ensure a composite sample that is representative of that day's discharge," per Permit General Condition A.3.c. For process operations that cover more than one shift, all shifts with wastewater discharges should be represented. For single shift operations, the sampler should, at a minimum, incorporate a 4-hour compositing period. The District 4-hour compositing guidance is prescribed to ensure that all collected composite samples are representative of the average discharge at each sampling point. As an example, a 4-hour composite sample comprised from grab samples taken at 08:00 AM, 09:00 AM, 10:00 AM, and 11:00 AM is a District acceptable 4-hour composite sample.

Accordingly, as of the date of this letter, the District will no longer accept analytical data from permitted Significant Industrial Users that is derived from composite samples taken over a compositing period of less than 4-hours, unless the permittee specifically demonstrates that a shorter composite period is representative of the wastewater discharge.

Thank you for your cooperation. If you have any questions, please contact me at 436-8756.

Sincerely.

METROPOLITAN ST. LOUIS SEWER DISTRICT

Fabian T. Grabski Assistant Engineer

## MIDWEST TESTING LABORATORIES

MSD



2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 •

St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519
Date: March 17, 2005

Lab. No.: 2005MT0184 Invoice No.: 250247

 $\mathbf{SSM}; \mathbf{GARINADEGLENNONSGHIEREN 2SHOSPITAL}$ 

1465 S. Grand Boulevard

St. Louis, Missouri 63104-1095

TO FOR LOT DIR SMR.

ATTENTION: Mr. Bud Frederich

### REPORT OF TESTS

**SAMPLE MATRIX: WASTE WATER** 

SAMPLE I.D. : Sample Point Ref. Number: 001 Waste Water Grab, 07:15 a.m. / 03-2-05

Sample Point Ref. Number: 004 Waste Water Grab, 07:30 a.m. / 03-2-05

**DATE ANALYZED: 03-8-05** 

RESULTS: ug/L OR PARTS PER BILLION (PPB)

TTO = LO.01

**VOLATILE 'ORGANICS EPA 600 METHOD 624** 

TO = 20.01

ANALYTE	001	004	MDL
1,1,1,2-Tetrachloroethane	ND	ND	5.0
1,1,1-Trichloroethane	ND	ND	5.0
1,1,2,2-Tetrachloroethane	ND	ND	5.0
1,1,2-Trichloroethane	ND	ND	5.0
1,1-Dichloro-2-propanone	ND	ND	5.0
1,1-Dichloroethane	ND	ND	5.0
1,1-Dichloroethene	ND	ND	5.0
1,1-Dichloropropene	ND	ND	5.0
1,1'-Oxybis-ethane	ND	ND	5.0
1,2,3-Trichlorobenzene	ND	ND	5.0
1,2,3-Trichloropropane	ND	ND	5.0
1,2,4-Trichlorobenzene	ND	ND	5.0
1,2,4-Trimethylbenzene	ND	ND	5.0
1,2-Dibromo-3-chloropropane	ND	ND	5.0
1,2-Dibromoethane	ND	ND	5.0
1,2-Dichlorobenzene	ND	ND	5.0
1,2-Dichloroethane	ND	ND	5.0
1,2-Dichloropropane	ND	ND	5.0
1,3,5-Trimethylbenzene	ND	ND	5.0
1,3-Dichlorobenzene	ND	ND	5.0
1,3-Dichloropropane	ND	ND	5.0
1,4-Dichlorobenzene	ND	ND	5.0
1,4-Dichloro-2-butene	ND	ND	5.0
1-Chlorobutane	ND	ND	5.0
2,2-Dichloropropane	ND	ND	5.0
2-Butanone	ND	ND	10.0

Page 1 of 3

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## MIDWEST TESTING LABORATORIES

2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

ANALYTE	001	004	MDL	
2-Chlorotoluene	ND	ND	5.0	
2-Hexanone	ND	ND	5.0	
2-Nitropropane	: ND -	ND	5.0	
2-Propenic acid, methyl ester	ND .	ND	5.0	,
2-Methoxy-2-Methylpropane	ND	ND	5.0	
4-Chlorotoluene	ND	ND	5.0	one of the contract of the con
4-Methyl-2-pentanone	ND	ND	5.0	
Acetone	ND	ND	5.0	
Acrolein	ND	ND	100.0	
Acrylonitrile	ND	ND	5.0	
Allyl chloride	ND	ND	5.0	
Benzene	ND	ND	5.0	
Bromobenzene	ND	ND	5.0	
Bromochloromethane	ND	ND	5.0	
Bromodichloromethane	ND	ND	5.0	
Bromoform	ND	ND	5.0	
Bromomethane	ND	ND	5.0	
Carbon disulfide	ND	ND	5.0	
Carbon tetrachloride	ND	ND	5.0	
Chlorobenzene	ND	ND	5.0	
Chloroethane	\ND	ND	5.0	l .
Chloroform (K-P)	ЙQ	<i>ŊQ</i>	340	との
Chloromethane	ND	ND	5.0	
cis-1,2-Dichloroethene	ND	ND	5.0	
cis-1,3-Dichloropropene	ND	ND	5.0	
Dibromochloromethane	ND	ND	5.0	
Dibromomethane	ND	ND	5.0	İ
Dichlorodifluoromethane	ND	ND	5.0	
Ethyl methacrylate	ND	ND	5.0	
Ethylbenzene	ND	ND	5.0	
Heptane	ND	ND	5.0	
Hexachlorobutadiene	ND	ND	5.0	
Hexachloroethane	ND	ND	5.0	
Hexane	ND	ND	5.0	
Iodomethane	ND	ND	5.0	
Isopropylbenzene	ND	ND	5.0	<b>!</b>
m,p-Xylenes	ND	ND	5.0	
Methacrylonitrite	ND	ND	5.0	
Methyl Methacrylate	ND	ND	5.0	
Methylacrylate	ND	ND	5.0	1

Page 2 of 3

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DIVISION OF ENVIRONMENTAL COMPLIANCE

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## MIDWEST TESTING LABORATORIES

2645 Gravois Avenue •	St. Louis. MO 63118	• <i>(314) 773-3035</i>	• FAX (314) 773-3	3519
-----------------------	---------------------	-------------------------	-------------------	------

ANALYTE	\001	004	· MDL	
Methylene chloride	NR	ND	30 3	1.01
n-Butylbenzene	ND	ND	5.0	
n-prppylbenzene	ND	ND	5.0	
Naphthalene	ND	ND	5.0	
Nitrobenzene	ND	ND	5.0	
o-Xylene	16.	ND	5.0	
p-isopropyltoluene	ND	ND	5.0	
Pentachloroethane	ND	ND	5.0	
Propionitrile	ND	ND	5.0	
sec-Butylbenzene	ND	ND	5.0	
Styrene	ND	ND	5.0	
tert-Butylbenzene	ND	ND	5.0	0000
Tetrachloroethene	ND	ND	5.0	00000
Tetrahydrofuran	ND	ND	5.0	
Toluene	ND	ND	5.0	
trans-1,2-Dichloroethene	ND	ND	5.0	
trans-1,3-Dichloropropene	ND	ND	5.0	
trans-1,4-Dichloro-2-butene	ND	ND	5.0	
Trichloroethene	ND	ND	5.0	
Trichlorofluoromethane	ND	ND	5.0	
Vinyl acetate	ND	ND .	5.0	
Vinyl chloride	ND	ND	5.0	

ND: Not Detected / MDL: Method Detection Limit

Identification of tested specimens prvided by the client.

MIDWEST TESTING LABORATORIES, INC.

DINESH N. SHAH

Laboratory Manager

Page 3 of 3

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DIVISION OF ENVIRONMENTAL COMPLIANCE

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## MIDWEST TESTING LABORATORIES

2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

Date: March 17, 2005 Lab No.: 2005MT0184 Invoice No.: 250247

SSM CARINAL GLENNONS CHILDREN'S HOSPITAL

1465 Grand Boulevard

St. Louis, Missouri 63104-1095

ATTENTION: Mr. Bud Frederich

REPORT OF TESTS

**SAMPLE MATRIX**: WASTE WATER

SAMPLE I.D. : Sample Point Ref. Number: 001 Waste Water Grab, 07:15 a.m. / 03-2-05

Sample Point Ref. Number: 004 Waste Water Grab, 07:30 a.m. / 03-2-05

DATE ANALYZED : 03-11-05

**RESULTS:** mg/L OR PARTS PER MILLION ( PPM )

### **SEMI - VOLATILE ORGANICS EPA 600 METHOD 625**

ANALYTE	001	004	MDL
bis- ( Chloromethyl ) – ether	ND	ND	0.010
Pyridine	ND .	ND	0.010
Aniline	ND	ND	0.010
Benzyl alcohol	ND	ND	0.010
Phenol (	MQ	MQ	0.010 -
2-Chlorophenol	ND	ND	0.010
bis-(2-Chloroethyl) ether	ND	ND	0.010
N-nitrosodimethylamine	ND	ND	0.010
bis- (2-Chloroisopropyl ) ether	ND	ND	0.010
N-Nitroso-di-n-propylamine	ND	ND	0.020
1,3-Dichlorobenzene	ND	ND	0.010
1,4-Dichlorobenzene	ND	ND	0.010
1,2-Dichlorobenzene	ND	ND	0.010
o-Cresol	ND	ND	0.010
m,p-Cresol	ND	ND	0.010
Hexachloroethane	ND	ND	0.010
Nitrobenzene	ND	ND	0.010
2,4-Dimethylphenol	ND	ND	0.010
4-Chloroaniline	ND	ND	0.010
2-Nitrophenol	ND	, ND	0.010
2,4-Dichlorophenol	ND	ND	0.010
Benzoic acid	ND	ND	0.050
4-Chloro-3-methylphenol	ND	ND	0.010
bis (2-Chloroethoxy) methane	ND	ND	0.010
Isophorone	ND	ND	0.010

Page 1 of 3

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## MIDWEST TESTING LABORATORIES

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THE STATE OF THE S			
ANALYTE	001	004	MDL
1,2,4-Trichlorobenzene	ND	ND	0.010
2-Methylnaphtalene	ND	ND	0.010
Hexachlorocyclopentadiene	ND	ND	0.010
Naphthalene	ND ·	ND	0.010
Hexachlorobutadiene	ND	ND	0.010
2,4,6-Trichlorophenol	ND	ND	0.010
2,4,5-Trichlorophenol	ND	ND	0.010
2-Nitroaniline	ND	ND	0.010
3-Nitroaniline	ND	ND	0.010
4-Nitroaniline	√ND	, ND	<b>Q</b> .010
2,4- Dinitropheno (124)	JAG.	ND	0.010 4.6
4-Nitrophenol	ND	ND	0.010
4,6-Dinitro-2-methylphenol	ND	ND	0.010
2-Chloronaphthalene	ND	ND	0.010
4-Chlorophenyl phenyl ether	ND	ND	0.010
Dimethyl phthalate	ND	ND	0.010
2,6-Dinitrotoluene	ND	ND	0.010
Acenaphthylene	ND	ND	0.010
Dibenzofuran	ND	ND	0.010
Diethyl phthalate	ND	ND	0.010
Acenaphthene	ND	ND	0.010
Benzo(g,h,i)perylene	ND	ND	0.010
Fluorene	ND	ND	0.010
Azobenzene	ND	ND	0.010
2,4-Dinitrontoluene	ND .	ND	0.010
Hexachlorobenzene	ND	ND	0.010
Pentachlorophenol	ND ·	ND	0.010
N-Nitrosodiphenylamine	ND	ND	0.010
4-Bromophenyl phenyl ether	ND	ND	0.010
Carbazole	ND	· ND	0.010
Di-n-butyl phthalate	ND	ND	0.010
Phenanthrene	ND	ND	0.010
Anthracene	ND	ND	0.010
Fluoranthene	ND	ND	0.010
Butyl benzyl phthalate	ND	ND	0.010
bis ( 2-ethylhexyl ) phthalate	ND	ND	0.010
Pyrene	ND	ND	0.010
Benzo(a)anthracene	ND	ND	0.010
Chrysene	ND	ND	0.010
3,3'-Dichlorobenzidine	ND	ND	0.010
Di-n-octyl phthalate	ND	ND	0.010
Benzidine	ND ·	ND	0.010
Benzo(b)fluoranthene	ND	ND	0.010
Benzo(k)fluoranthene	ND	ND	0.010
Benzo(a)pyrene	ND	ND	0.010

Page 2 of 3

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# MIDWEST TESTING LABORATORIES

2645	<u> Gravois Avenue  • St. I</u>	ouis. MO 63118	• (314) 77	<u> 3-3035 • FAX</u>	(314) 773-3519
	ANALYTE	001	004	MDL	
	Dibenzo(a,h)anthracene	ND	ND	0.010	
	Indeno(1,2,3-cd)pyrene	ND	ND	0.010	

ND: Not Detected / MDL: Method Dection Limit

Identification of tested specimens provided by the client.

MIDWEST TESTING LABORATORIES, INC.

DINESH N. SHAH

Laboratory Director

Page 3 of 3

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**DIVISION OF ENVIRONMENTAL COMPLIANCE**  Midwest Testing Laboratories, Inc. warrants that the testing services were conducted in accordance with the standards and procedures specified herein in accordance with generally accepted testing laboratory principles and practices, including generally accepted margins of error for the instruments used in performing the tests. No other warrantees are rendered by Midwest Testing Laboratories as to fitness of the sample for any particular purpose. The only tests requested by the client are those that are set forth on the front of this report. Client releases and holds Midwest Testing Laboratories harmless for any damages which may have been discovered, avoided or mitigated as a result of any additional testing not requested by the client.

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Samples will be destroyed by the laboratory 30 days after the issuance of a formal report, unless the return of the samples to client or client's representative is specifically requested in writing.

# MIDWEST TESTING LABORATORIES

2645 Gravois Avenue • St. Louis, MO 63118 • (314) 773-3035 • FAX (314) 773-3519

Date: March 17, 2005 Lab. No.: 2005MT0184 Invoice No.: 250247

SSM CARDINAL GLENNONS CHILREN'S HOSPITAL 1465 S. Grand Boulevard St. Louis, Missouri 63104-1095

ATTENTION: Mr. Bud Frederich

#### REPORT OF TESTS

**SAMPLE MATRIX**: WASTE WATER

SAMPLE I.D. : Sample Point Ref. Number: 001 Waste Water Grab, 07:15 a.m. / 03-2-05

Sample Point Ref. Number: 004 Waste Water Grab, 07:30 a.m. / 03-2-05

**DATE ANALYZED**: 03/15/05

**RESULTS:** ug/L OR PARTS PER BILLION (PPB)

# ORGANOCHLORINE PESTICIDE ANALYSIS SW-846 METHOD 8081

ANALYTE	001	004	MDL .
Aldrin	ND	ND	0.05
alpha-BHC	ND	ND	0.05
beta-BHC	ND	ND	0.05
gamma-BHC (Lindane)	ND	ND	0.04
delta- BHC	ND	ND	0.05
Chlordane	ND	ND	0.14
4,4'-DDD	ND	ND	0.05
4,4'-DDE	ND	ND	0.05
4,4'-DDT	ND	ND	0.05
Dieldrin	ND	ND	0.05
Endosulfan I	ND	ND	0.05
Endosulfan II	ND	ND	0.05
Endosulfan Sulfate	ND	ND	0.05
Endrin	ND	ND	0.06
Endrin Aldehyde	ND	ND .	0.05
Heptachlor	ND	ND	0.04
Heptachlor Epoxide	ND	ND	0.20
Methoxychlor	ND	ND	0.06
Toxaphene	ND	ND	0.56
AROCHLOR-1016	ND	ND	0.50
AROCHLOR-1221	ND	ND	0.50
AROCHLOR-1232	ND	ND	0.50
AROCHLOR-1242	ND	ND	0.50
AROCHLOR-1248	ND	ND	0.50
AROCHLOR-1254	ND	ND	0.50
AROCHLOR-1260	ND	ND	0.50

ND: Not detected / MDL: Method Detection Limit

Midwest Testing Laboratories, Inc. warrants that the testing services were conducted in accordance with the standards and procedures specified herein in accordance with generally accepted testing laboratory principles and practices, including generally accepted margins of error for the instruments used in performing the tests. No other warrantees are rendered by Midwest Testing Laboratories as to fitness of the sample for any particular purpose. The only tests requested by the client are those that are set forth on the front of this report. Client releases and holds Midwest Testing Laboratories harmless for any damages which may have been discovered, avoided or mitigated as a result of any additional testing not requested by the client.

The analysis and / or tests have been made and report prepared, based upon results from specific samples identified and supplied by the client or their representatives. We assume no responsibility for any extrapolation of data from the test results and relating such test results to any batch or lot or material from which we had no control of sample acquisition.

This report is furnished in strict confidence for the exclusive use of the client or the client's representative, and no distribution of all or part of the report shall be made to third parties without the prior written approval of the client or the client's representative ordering the work. Official reports will be provided only by Midwest Testing Laboratories, Inc. and will contain a raised seal to certify authenticity. Modification or reproduction of these reports by anyone other than Midwest Testing Laboratories, Inc. is prohibited.

If during or after the performing of these tests it is subsequently necessary for Midwest Testing Laboratories to recreate reports, assemble materials, gather additional information or perform other work with regard to these test results to assist in the preparation for any investigation, civil proceedings or criminal action, regardless of who makes such a request or issues a subpoena, client shall reimburse Laboratory for out of pocket expenses incurred in relation to such work. Client further agrees to compensate Laboratory for any such work which is required, including any time devoted to testifying in depositions, at hearings or in court.

Samples will be destroyed by the laboratory 30 days after the issuance of a formal report, unless the return of the samples to client or client's representative is specifically requested in writing.



## Metropolitan St. Louis Sa District

Office of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913 (314) 436-8710 FAX (314) 436-8753



March 31, 2005

**Bud Frederich** Facilities Manager SSM CARDINAL GLENNON CHILDREN'S HOSPITAL 1465 S. Grand Boulevard St. Louis, MO 63104

RE:

NOTICE OF PERMIT VIOLATIONS

Discharge Permit No: 41121954-00

For premise at:

1465 S. Grand Boulevard

Dear Mr. Frederich:

We have reviewed the first quarter 2005 self-monitoring report you recently submitted to the District under the terms of the above referenced permit. The following violations of permit limitations, terms or conditions were identified:

#### **VIOLATIONS OF PERMIT TERMS/CONDITIONS:**

A review of previously submitted self-monitoring reports identified that TTO was last monitored at sampling point 001 on February 18, 2004 and at sampling point 004 on March 18, 2004. The permit requires that TTO be reported once per year for sampling points 001 and 004. The TTO is to include analyses for all "applicable toxic organics". The "applicable toxic organics" are those, which are or may be present in your discharge. Generally these will be the toxic organics which were denoted as being suspected or known present on the permit application completed by SSM Cardinal Glennon Children's Hospital, plus any which may have been added since the date of the application. The "applicable toxic organic" compounds identified on the permit application submitted by SSM Cardinal Glennon Children's Hospital and received by the District on December 21, 2004 are Phenol, Methylene Chloride, Chloroform, and 2,4-Dinitrophenol which, were denoted as being known present on your premise.

### REQUIRED ACTION/RESPONSE:

Submit a report of corrective actions, which you have initiated, to ensure that the sampling, analytical, and reporting requirements will be met in future reporting quarters. Please submit your corrective action response by April 25, 2005. Additionally, we ask that you monitor sampling points 001 and 004 for TTO during second quarter 2005.

Please note that the TTO analyses need only include the compounds indicated as known present on the aforementioned December 21, 2004 permit application. However, if the aforementioned compounds have been removed from your premise, please provide supporting documentation to the District. Sampling and reporting for TTO at sampling points 001 and 004 will not be required if these compounds have been removed from your premise.

Failure to perform the monitoring and reporting requirements of your permit places your company in Significant Noncompliance (SNC), as defined in District ordinance 8472 and federal pretreatment regulations 40 CFR 403. SNC companies are subject to enforcement action by the District. At a minimum, the District is required to list SNC companies in an annual newspaper publication.

If you have any questions, please contact me at 436-8756.

Sincerely.

NETROPOLITAN ST. ŁOUIS SEWER DISTRICT

Fabian T. Grabski Assistant Engineer

pc: Suspense file

cc: Douglas Mendoza



## PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I:

IDENTIFYING INFORMATION

Company Name: _	SSM CARDINAL G	LENNONE HOSPITAL	P. 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 19	
Permit No:	41121954-00			
Premise Address:	1465 S. Grand	Blvd., St. Louis,	MO 63103-1095	
Monitoring Period:		□(APR-JUNE)	□(JULY-SEPT)	□(OCT-DEC)

Samples Collected By: MIDWEST TESTING LABORATORIES INC

Analyses Performed By: MIDWEST TESTING LABORATORIES

PART II: ANALYTICAL RESULTS	OF SELF	MON	ITORING	int***donnonnon		,		
MSD SAMPLE POINT REFERENCE NUMBERS	·>	00	01		004			
DATES ON WHICH SAMPLES WERE COLLECTED	>	3-	3-2-05		3-2-05			
TIMES AT WHICH SAMPLES WERE COLLECTED		7:1	15-3:15 pm	7:3	30-3:30 pm			
PARAMETER LIMIT			RECORD SAMPLE TYPES (G, C, M OR E) AND RESULTS BELOW G=grab, C=composite, M=measured flow, E=estimated flow					UNITS
FEOW								
OIL & GREASE	200		36		21			mg/L
BOD	200		82		106			mg/L
' COD	. * * * *		165		209		Description of the second seco	mg/L
TOTAL SUSPENDED SOLIDS	****		74		92			mg/I.
TEMPERATURE(Degrees C)	60		11.7		11.4			
pH (Std. Units)	5.5-1		8.12	<b> </b>	8.56			
SILVER	.5		0.03	ļ	0.04		and a second	mg/L
	<b>_</b>	-		ļ	One and high survival COUNTY Co. ACT of Co.			
			WWW.harrangeyrauaacraaauucaaaaaaaaaaaaaaaaaa				paratricular de la constitución de	
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		$\parallel$		<b> </b>				
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	<u> </u>	1		╫	MAR	3 U	ZUUD	
		1			DIV	B100	OF	

ENVIRONMENTAL COMPLIANCE

You must complete and sign the certification statements on the reverse side.

* TO DUE - LAST DONE 2/18/46 001 MID 3/18/46 004.

PART III:

SPECIAL CERTIFICATION





Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A.	If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s)
8.	If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.
<b>C</b> .	If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:  I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.
D.	If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:
	I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s)
E.	If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification:
	I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR
F.	Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following-certification:  I certify: since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439:n
G.	Discharges Subject to Categorical Standards for Electroplating (40 CFR 413); Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:  Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.
PART	V: GENERAL CERTIFICATION STATEMENTS
Initial the	box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.
A	Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:  In lieu of monitoring for TTO at sample point(s), I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.
B	DISCHARGE MONITORING REPORT CERTIFICATION
designed who man and belie and impr	inder penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons age the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge f, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine isonment for knowing violations.  Sub Frederict
Title:	Facilities manager Telephone: 572-5327
Signature	Buch Frederick Date: 3-28-05

SMF 10/93



# SSM Cardinal Glennon Children's Hospital

Poles ~

1465 S. Grand Boulevard • St. Louis, MO 63104-1095 (314) 577 5600 phone • www.cardinalglennon.com

January 3, 2005

Mr. Fabian T. Grabski Assistant Engineer Metropolitan St. Louis Sewer District 10 East Grand Avenue St. Louis, MO 63147-2913

RE: Fourth Quarter 2004 Radioactive Discharge Report

SSM Cardinal Glennon Children's Hospital

Dear Mr. Grabski:

Enclosed please find the Fourth Quarter of 2004 Radioactive Discharge Report as required. Please note that there were no discharges of radioactive material for any of the Cardinal Glennon laboratories for this time frame.

If you have any questions regarding this report, please contact Kevin Ferguson, Health Physicist for St. Louis University, at 577-8609 or myself at 268-6481.

Sincerely,

Dorothy (Dodie) Purcell

Director of Risk/Quality Management

Enclosure

医基克斯氏线性结合

RECEIVED

JAN 0 6 2005

DIVISION OF ENVIRONMENTAL COMPLIANCE

THROUGH OUR EXCEPTIONAL HEALTH CARE SERVICES, WE REVEAL THE HEALING PRESENCE OF GOD.

# RADIATION SAFETY OFFICE INTEROFFICE MEMORANDUM

DATE:

January 3, 2005

TO:

Ms. Dodie Purcell

Facilities and Compliance Manager

Facilities Department Cardinal Glennon Hospital

FROM:

Kevin Ferguson

Health Physicist

Radiation Safety Office

SUBJECT:

Sewer Discharges Of Radioactive Material and Quarterly Metropolitan St. Louis

Sewer District (MSD) Reports

As agreed to in the meeting between Mr. Mark Haenchen, Radiation Safety Officer and Mr. Al Wittrock, Safety Director on November 7, 1995, I am forwarding this notice that there were no discharges of radioactive materials from any of the Cardinal Glennon basement laboratories over which the Saint Louis University Radiation Safety Office maintains surveillance. This statement applies for the period beginning October 1, 2004 and ending December 31, 2004.

We will continue to report the discharges from the Pediatric Research Institute to MSD, as we have in the past. If you wish to have a copy of the report for the PRI, please give me a call at 977-6896.

RECEIVED

JAN 06 2003

DIVISION OF ENVIRONMENTAL COMPLIANCE

# METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL FACILITY REINSPECTION REPORT

Company: MCardinal Glennon Children's Ho Premise Address: 1465 South Grand Blvd.		41121954-00 63104-				
Last Inspection Date: 1/15/04				ZIP	code.	03104
MSD Categories: SIU 🛛 CIU 🗌 Non-Toxic Waste 📗 No						Toxic Waste 🛛
Company Representative: Bud Fredrick Title: Maintenance Supervisor				Phone	: 314-5	77-5327
Inspector: D. Kupke				1 1101101		
Others Present: None						
Inspection Date: 12/20/04 Time of	Inspection	on	: From C	9:50 A	<u>М</u> То	11:05 AM
NOTE: ALL ITEMS ARE TO BE COMPLETED BASED OF INFORMATION PROVIDED BY COMPANY DURING  *** DATABASE ALSO UPDATED WITH APPROPRI	INSPECTION	Ν,	AS WELL	AS INFO	RMATION IN	FILE.
						Yes⊠ No□
1. A. ARE THERE ADDITIONAL ACCOUNT NULL List them, note any changes:		22 -	.01 200	ount n	umber bi	
bist them, note any changes.	main ac	ccc	unt num	ber 41	121954-00	
B. WERE ALL ACCT NUMBERS VERIFIED						
a progress of Harris (1) Gurouri	Cont /		Motor	Frequ	onav	
2. PROCESS & CLEANUP/WASHDOWN:	Cont/ Batch		Water Used?		ency scharge	Sample pt.
Hospital Services	Cont		Yes	daily		SP001, SP004
Cooling tower blowdown	Batch		Yes	daily		SP001
Boiler blowdown	Batch		Yes	daily		SP001
NCCW-Autoclaves	Batch		Yes	daily		SP001
	(None)		N/A	-		
	(None)		N/A			
DETERMINE (describe)						Sample pt.
3. PRETREATMENT (describe):  Silver recovery- Electrolysis,	manda 4400			<b>-</b> 77		SP001, SP004
Grease Interceptor						SP001
dicase interespect						
4. HAS COMPANY BEGUN DISCHARGING ANY N A. List pollutants & process:	EW POLLUT.	AN'	TS SINCE	THE L	AST INSP?	Yes No
B. Will MSD STP exceed existing NP	DES discha	arç	ge limit	(s)?		Yes□ No⊠
C. Will MSD STP's dischárge exceed	0.1  mg/l	fo	or any n	ew pol	lutant?	Yes□ No⊠
(MSD must notify MDNR if B or C	is yes ar	nd	dischar	ge wil	l continu	e.)
D. Comments:						
5. ARE THERE ANY FEDERALLY REGULATED (	40 CEP 40	5-4	471) OPF	иоттая	52	Yes⊠ No□
A. If yes, list reg. & describe (i					≟.	1000 000
40 CFR 460 (general standards	only) - d	is	charge :	is from	n hospita	al services from
Dietary, X-ray, and laboratory	services.					
						ran v N-N
6. DOES CATEGORICAL WASTEWATER COMBINE	WITH NON	- C2	AT. WW I	PRIOR T	O SAMPLIN	IG? Yes□ No⊠
A. At which points?					it correc	ct? Yes No
B. Current applied factor:  C. If no, what is the correct				ть	it correc	c: res_ ro_
factor & explain change?						
ractor a captara change.						
7. IS ANY WASTEWATER SUBJECT TO PRODUC	TION OR M	AS	S BASED	STANDA	RDS?	Yes□ No⊠
A. At which points?						— — —
B. Since calculation of the curre	nt limits	,	has the	long	term ave	rage Yes No
production rate or discharge vo	rume chan	ge	a by 20%	or mo	re:	
C. If yes, explain:						11
	1					(07/03)

8.	ARE A.		EVE MATERIALS HANDLED ations & disposal:	Diagnostic 1		opes for inje	
				it is recycl		CCULITOU CO III	11101100001
	В.	Does company	have MSD authorization			?	Yes⊠ No□
	c.	Date of Author					llicuries
	D.		xceeded the approved			and the second s	Yes No
	E.	If yes, expla		<b>1</b>			Special Special
		/					
9.			PPEAR EXCESSIVE? erified & needed char	nges:			Yes∏ No⊠
10.			EDED ORDINANCE DISCHAI		CE		Yes□ No⊠
	Α.	If yes:		Sample	Is prob	lem resolved?	
		Pollutant	When	Points	Yes/No	Describe	
	Ī				N/A		
	ľ				N/A		
	ľ				N/A		
	ľ				N/A		
	Ī	advade (Constant) (Marie Constant)			N/A		
	ľ				N/A		· ·
	в.	Comments:					4444444444444
11.	HAS	COMPANY EXCE	EDED CATEGORICAL PRETI	REATMENT LIMITS	S SINCE	AN _	Yes No
	THE		ON OR WITHIN THE LAST				
	Α.	If yes:		Sample		lem resolved?	
	-	Pollutant	When	Points		Describe	
				····	N/A		<del>\</del>
					N/A		***************************************
	-	<u> </u>			N/A		pro
					N/A		******
					N/A		
	L	W			N/A		
	В.	Comments:	***************************************				
12.	HAV	E THERE BEEN A	ANY PROBLEM DISCHARGES	S SINCE LAST II	NSPECTION	1?	Yes□ No⊠
		Upsets?	Bypasses of pretre				4,
		0-411-2	Slug discharges?				
	В.	Explain any m					
		1	<del></del>				
13.	ARE	ANY SOLVENTS	USED?				Yes⊠ No□
	A.	Which solvent	s? Methylene Chloric	de, Acetone, Pl	nenol, Xy	lene	
	В.	What used for	? laboratory reager	nts			
	C.	How disposed?	Hauled offsite				
14.	COU	LD SPILLS OR I	EAKS OF STORED CHEMIC	CALS, WASTES OF	R PROCESS	<b>;</b>	Yes∏ No⊠
	MAT	ERIALS EASILY	REACH SANITARY SEWERS	S OR STORM DRA	INS?		
		•	needs to be done?				
	В.	If no, how ar	-	Company has			
				prevent any sp			
				For any minor	spills,	the have P	IG socks to
				contain it.			

15.			HAVE ANY							Yes⊠	МОП
		If yes:			SMP?	Last		opy in File?	- L		
	,	Title	722		413/433	Updat		SMP only)	Explain i	r yes	
		Hazardou		ls and	No	7/25/	97	Yes	No		
	-	Manageme	nt		77/7			NT / 20	NT / 7		
	-				N/A			N/A	N/A		
	_ L		- 2		N/A			N/A	N/A		No⊠
	В.		Plans need			those 1	listea	in Part A	<b>?</b>	Yes	моМ
		(write c	ompany and	request)							
1.0	TT 7. 17	ADDOUG WA	omec.								
16.	HAZA	ARDOUS WA		d/reminded	that solid	& hazard	ous wast	e management	regulations	Yes⊠	МОП
	А.		st and may po							_	
	В.					rdous was	te which	has not bee	n previously	Yes 🗌	ио⊠
			o MSD (under		.12(p))?						
	C.		B, list haz v mpany provide			ao/uaa W	acto Dia	sharge Notif	ication"	Yes⊠	No
	D.	form for t	mpany provide he above regu	lations (re	egardless of	f whether	there a	re any disch	arges)?	169M	МОШ
	F.	Comments:			<b>J</b>			•	•		
17.	ARE	EMERGENC	Y NOTIFICA	TION PROC	CEDURES P	OSTED?				Yes⊠	
	Α.	Are MSD	contacts l	isted?						Yes⊠	No
	В.	If no to	either, d	escribe h	ow handle	ed:					
										57	🗀
18.	IS		EQUIRED TO							Yes⊠	NoL
	Α.						$\bowtie$	or other	document [	٦٠	
	В.		document,		-						
			uently is				arterly	-			
			uently are				arterly	<b>t</b>	2022	Yes 🗌	No M
			orts been						5011:	165	NOEZ
	F.	II no, e	xplain: d	ild not re	sport 110	w at Sai	прттид	points			
19.	TE	COMDANY (	EFT.FMONTTO	DRS (REO!	D OR NOT	DOES	TT CO	LLECT REPE	RESENTATIVE	]	N/A[
13.	CDV.	R/COMP SA	MPLES & US	F FPA-API	PROVED 40	CFR136 1	WASTEW	TER TEST	METHODS?	Yes⊠	
			xplain nee			0111200	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				lyand
		11 110, 0									
20.	IS	COMPANY	UNDER ANY	ENVIRONM	ENTAL ENI	FORCEMEN	NT ORDE	ERS OR REG	QUIREMENTS	Yes[	$No \boxtimes$
			MPLIANCE S								
	Α.	If yes,	type and d	ate:							
	В.	Have the	reports &	actions	been on-t	time & c	complet	e?		Yes 🗌	No
	C.	If no, e	xplain: _								
											57
21.	DOE		EGORY NEED							Yes□	No⊠
	Α.		correct c			,					
		SIU 🗌	CIU		Surchar			ial Toxic			
			c Waste 🗌		rocess Fl	ow 📙	Mul	ti User	IIU 🗌		
	В.	Explain	changes:								
22	C 2 M	PLE POINT	1C							ד.ת	(y/n)
22.					1 0		Conit	arii Haca	ital waste,		No
	SP	# 001	Fed.Reg.		Compo	onents:			blowdown,		'''
							blowd		DIOWGOWII,	DOTTCI	
	SP	# 004	Fed.Reg.		Compo	nents:	1		Sanitary		No
	SP	#   004	red. Reg.		Compe	menes.	HOSPI	car wasce,	banreary		1.0
	an.	и	Fod Dog		Compo	nents:	-				N/A
	SP	#	Fed.Reg.		Compo	MEHES:					,
	- CD	<u></u>	Fed Pog		Compo	onents:	<del> </del>				N/A
	SP	#	Fed.Reg.		Compo	ments:					,
	SP	#	Fed.Reg.		Compo	nents:	<del>                                     </del>				N/A
	J.F	т	rea. Reg.		Compe						'

23.	ANY UNSAMPLEI	DISCHARGES? (list each lateral separately)	Yes NoX
	Dummy SP #	Components:	
	Dummy SP #	Components:	
24.	A. If any SE	LE POINTS OPENED AND INSPECTED?  c cannot be located or opened, explain:  descript's need to be changed, explain:	Yes⊠ No∏
25.	A. Is the m	MPLE POINT MAP! Last map revision date ap correct and accurate in all its details? That changes are needed?	: 1/15/04 Yes No
USE	THIS SPACE FOR A	NY OTHER COMMENTS/OBSERVATIONS PERTINENT TO YOUR INSPECTION	OF THIS SITE.

#### METROPOLITAN ST. LOUIS SEWER DISTRICT IIAL DATA SHEET - FACILITY INFORM INDU

INDUSTRY NAME

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL Premise Address

1465 South Grand Blvd.

4112195400 PRIMARY MSD ACCOUNT NO. St. Louis MO. 63104-1095 SUCCEMBER WCMMSMITH KOLINIKOE NATIONAL SERVICE SERVI 03/02/1997 Base Map 20F3 POTM Reasonable potential for adverse affect SIU PTW Wun:St. Louis City & Co. Grid: H 21 Page 38 TILLO) IENTOTEMIANTATON UNSPECTIONTINFORMATION MONITARIAN INTERNATION GENERALTINEORMANION IUQ Recvd Date: 10/29/1999 Issue Date: 05/01/2000 Office Mailing Address Next Due Reviewer: Fabian Grabski Expire Date: 04/30/2005 1465 South Grand Blvd Insp Rslt IUQ Recvd Date: 12/20/2004 St. Louis, MO. 63104-1095 Extended Date: 09/23/2001 12/20/2004 RIN David Kupke Reviewer: David Kupke Writer Fabian Grabski 05/01/2000 Issue Date: Expire Date: 04/30/2005 Extended Date: 03/13/2002 Fabian Grabski Issue Date: 05/01/2000 Expire Date: 04/30/2005 **Extended Date:** Writer Fabian Grabski 05/01/2005 Issue Date: Expire Date: 04/30/2010 **Extended Date:** Writer Fabian Grabski Issue Date: 05/01/2000 Expire Date: 04/30/2005 Extended Date: 03/28/2004 Writer Fabian Grabski CONTACTS (314) 577-5327 Ext. OFF Maintenance Supervisor FLD1 **Bud Fredrick** OFF (314) 577-5307 Ext. Mark Stewart Maintenance Mechanic FLD2 (314) 577-5600 Ext. **OFF** Maintenance Mechanic FLD3 Jack Mitchell Rich Cunningham Director of Safety & Security **OFF** (314) 268-4117 Ext. OFF1 (314) 577-5600 Ext. OFF OFF2 Dodie Purcell Risk Manager Director of Safety & Security **OFF** (314) 268-4117 Ext. SIG1 Rich Cunningham (314) 577-5327 Ext. OFF Maintenance Supervisor SIG2 **Bud Fredrick** OTHER AGENCIES INFORMATION PERATIONAL INFORMATION MOD075904839 09/29/1997 EPA - Hazardous Waste Program M T W T F S Work Days: 24-00196-07 11/03/1997 Nuclear Regulatory Commission Y 8.0 Y Y Y Υ Y 600 08:00AM 001310 11/10/2000 MDNR - Hazardous Waste Program 04:00PM 8.0 Y Y Y Y Y Y 2 400 8.0 Y Y Y Y Υ 3 350 12:00AM Total Emp: 1,350 Hrs: 24.0 NONESEWEREDWASTE On-Site Storage N Off-Site Disposal On-Site Disposal N GAL Data Conversion  $\frac{\mathbf{c}}{\mathbf{o}}$  $\frac{\overline{M}}{\overline{E}}$ 

RAW MAVIERIAES	SIC INTO RANGUA
EFF DATE MATERIAL_DESCRIPTION QUANTITY UNIT	SIC DESCRIPTION 8069 Specialty Hospitals, Except Psychiatric
PRODUCIS	UNIT AVG_PROD MAX_PROD

2:15:24 pm Report No. PIMISULZA 12/22/2004 2:15:24 pm Data Date & Time:

05/07/2004 Service: general hospital

# METROPOLITAN ST. LOUIS SEWER DISTRICT INDU IAL DATA SHEET - FACILITY INFORM SSM CARDINAL GLENNON CHILDREN'S HOSPITAL ION

INDUSTRY NAME

PRIMARY MSD ACCOUNT NO.

Premise Address 4112195400

1465 South Grand Blvd. St. Louis MO. 63104-1095

STEWNER LAKE COOKS AND A Sewer Accounts 4112195400 4112485301

Start Date =	12/22/2003	End Date =	12/22/2	004	Wdays	Cdays			
Acct. No.			Con	sumption				Disc	harge
4112195400			CCF's	Gallons			C	Gal/ Wday	Gal/ Cday
4112195400 10	0/28/2003	01/22/2004	12,529		87	87		87	
RF 0.79	Acct. T	`otal	12,529	9,372,344	4	87	87	85,105	85,105
	Facility To	otal	12,529						

CONNECTION LATERAL NO.	and SAMPLE POINT INFORMATION Lateral Type	DSMH	Treatmen	ıt Area	Bissell I	Point		900000000000000000000000000000000000000
01	Sanitary Or Combined	20F3 350C	Trun	k Sewer	Old Mil	l Creek		
Description	Line from building northwest to Vista Av.							
Sewer Route	West on Vista to 39th St, continuing West	;						
SAMPLE POIN	VT NO. 001 Ordinance	NP	DES Out	fall No.				
Description	MH on sidewalk S of Vista Ave., E of o	overhead walkway, Flo	w from SI	E				Effective
Discharge Com	ponents Process Description	Avg Flo	w Unit	Max	Flow	Unit	RUD	Date
Sanitary	•	34,0	00 GPD			GPD	D	12/20/04
Non Contact Coo	olin Autoclaves	2	20 GPD			GPD	D	12/20/04
Boiler Blowdowr	1	3,5	55 GPD			GPD	D	12/20/04
Cooling Tower B	Blow	3,5	55 GPD			GPD	D	12/20/04
Hospital Waste		33,1	15 GPD			GPD	D	12/20/04
	Total Flow Avg =	74,44	5	Max =				
	and SAMPLE POINT INFORMATION	DCAMY	T	. A	Bissell I	Daint	99-90000000000000000000000000000000000	
LATERAL NO.	• •	<b>DSMH</b> 20F3 399C	Treatmen	it Area k Sewer	Old Mil			
03	Sanitary Or Combined	20F3 399C	irum	k Sewer	Old Mili	1 CIECK		
Description	8" line exiting NW from SW main hopsita	.1						
Sewer Route	N along Spring, W along Vista,to 39th St,	c						
SAMPLE POIN	VT NO. 004 Ordinance	NP	DES Outi	fall No.				
Description	MH 3' W from SW corner of emergency	y building						Effective
Discharge Com	ponents Process Description	Avg Flo	w Unit	Max	Flow	Unit	RUD	Date
Sanitary			00 GPD			GPD	D	12/20/04
Hospital Waste	X-ray, and laboratory services	-	00 GPD			GPD	D	12/20/04
	Total Flow Avg =	7,00	0	Max =				

HEOGINEOGRAFICOS	A 1 A 1 A	ALT TO
12 14 (14) 6 14 15 4 (14) 8 4 14 14 14 14 14 14 14 14 14 14 14 14 1	88 I B Y 2	
DECEMBER 1		

SP	EFF_DATE	TYPE	DESCRIPTION
001	12/29/1998	DC20	Electrolysis
001	12/29/1998	DC32	Metallic Replacement
001	02/20/2003	DC28	Grease Trap
004	03/03/2004	DC32	Metallic Replacement

123437	182823 / 00 8 8	A lalate	MAZZIL	w
B28448 889 84	< 9 8 9 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	447 BAL 466 R 4	RESEARCH SERVICE	ъ.

				4.4440000000000000000000000000000000000	
Pollutant Description	Status	Pollutant Description	Status	Pollutant Description	Status
Silver (Total)	KP	Mercury (Total)	KP	Phenol	KP
2,4-Dinitrophenol	KP	Methylene Chloride	KP	Chloroform	KP

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Report No. PIMSULZA	12/22/2004	2:15:24 pm
Data Date & Time:	12/22/2004	2:15:24 pm

For Account Number . . . Located at

4112195400

PIMS FACILITY CONTACTS
SSM CARDINAL GLENNON CHILDR

1465 South Grand Blvd.

St. Louis

MO

63104-1095

Add	ress	Type
-----	------	------

Contact Type	Co	ntact Name	Contact Title	Phone	Number	Ext.
Office Mailing Address Auth Signature - Primary Auth Signature 1st Alt Office Contact - Primary	Rich Bud Rich	Cunningham Fredrick Cunningham	Director of Safety & Security Maintenance Supervisor Director of Safety & Security	OFF OFF OFF	(314)268-4117 (314)577-5327 (314)268-4117	7 7
Office Contact 1st Alt Premise Address	Dodie	Purcell	Risk Manager	OFF	(314)577-5600	
Field Contact - Primary Field Contact 1st Alt Field Contact 2nd Alt	Bud Mark Jack	Fredrick Stewart Mitchell	Maintenance Supervisor Maintenance Mechanic Maintenance Mechanic	OFF OFF OFF	(314)577-532° (314)577-530° (314)577-5600	7

1

## **PIMS** ORT OF FIELD SAMPLING REQUIREM SSM CARDINAL GLENNON CHILDREN'S HOSPITAL

Account No Entered 4112195400

ZIP CITY ST Premise Address

SPN							
		1465 South Grand Blvd. S	t. Louis	MO 63104109:			
001	Poll Code	Pollutant Description	Frequency	Sample Type IM	= IPD - Company - MSD	End Date	06/30/2005
**************************************	T208000	Biochemical Oxygen Demand (5 E	Once/year	Comp-Time 04 Hrs			
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs			
	T234000	Oil and Grease (Total)	Once/year	Grab			
	T237000	pН	Once/year	Grab			
	T247000	Temperature	Once/year	Grab			
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs			
	T283000	2,4-Dinitrophenol	Once/year	Comp-Time 04 Hrs			
	T332000	Chloroform	Once/year	Grab			
	T371000	Methylene Chloride	Once/year	Grab			
	T388000	Phenol	Once/year	Comp-Time 04 Hrs			
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs			
	Т999000	Total Toxic Organics	Once/year	Grab			
004	Poll Code	Pollutant Description	Frequency	Sample Type IM	= IPD - Company - MSD	End Date	06/30/2005
***************************************							
	T208000	Biochemical Oxygen Demand (5 E	Once/year	Comp-Time 04 Hrs			
	T208000 T213000	Biochemical Oxygen Demand (5 E Chemical Oxygen Demand	Once/year Once/year	Comp-Time 04 Hrs Comp-Time 04 Hrs			
		,,	•	•			
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs			
	T213000 T234000	Chemical Oxygen Demand Oil and Grease (Total)	Once/year Once/year	Comp-Time 04 Hrs Grab			
	T213000 T234000 T237000	Chemical Oxygen Demand Oil and Grease (Total) pH	Once/year Once/year Once/year	Comp-Time 04 Hrs Grab Grab			
	T213000 T234000 T237000 T247000	Chemical Oxygen Demand Oil and Grease (Total) pH Temperature	Once/year Once/year Once/year	Comp-Time 04 Hrs Grab Grab Grab			
	T213000 T234000 T237000 T247000 T256000	Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids	Once/year Once/year Once/year Once/year	Comp-Time 04 Hrs Grab Grab Grab Grab Comp-Time 04 Hrs			
	T213000 T234000 T237000 T247000 T256000 T283000	Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids 2,4-Dinitrophenol	Once/year Once/year Once/year Once/year Once/year	Comp-Time 04 Hrs Grab Grab Grab Comp-Time 04 Hrs Comp-Time 04 Hrs			
	T213000 T234000 T237000 T247000 T256000 T283000 T332000	Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids 2,4-Dinitrophenol Chloroform	Once/year Once/year Once/year Once/year Once/year Once/year	Comp-Time 04 Hrs Grab Grab Grab Comp-Time 04 Hrs Comp-Time 04 Hrs Grab			
	T213000 T234000 T237000 T247000 T256000 T283000 T332000 T371000	Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids 2,4-Dinitrophenol Chloroform Methylene Chloride	Once/year Once/year Once/year Once/year Once/year Once/year Once/year	Comp-Time 04 Hrs Grab Grab Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab			
	T213000 T234000 T237000 T247000 T256000 T283000 T332000 T371000 T388000	Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids 2,4-Dinitrophenol Chloroform Methylene Chloride Phenol	Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year	Comp-Time 04 Hrs Grab Grab Comp-Time 04 Hrs Comp-Time 04 Hrs Grab Grab Grab Comp-Time 04 Hrs			

1 of 1



MSD

11/04/04 Zad DES

# SSM Cardinal Glennon Children's Hospital

1465 S. Grand Boulevard • St. Louis, MO 63104-1095 (314) 577 5600 phone • www.cardinalglennon.com

November 1, 2004

Mr. Fabian T. Grabski Assistant Engineer Metropolitan St. Louis Sewer District 10 East Grand Avenue St. Louis, MO 63147-2913

RE: Third Quarter 2004 Radioactive Discharge Report

SSM Cardinal Glennon Children's Hospital

Dear Mr. Grabski:

Enclosed please find the Third Quarter of 2004 Radioactive Discharge Report as required. Please note that there were no discharges of radioactive material for any of the Cardinal Glennon laboratories for this time frame.

If you have any questions regarding this report, please contact Kevin Ferguson, Health Physicist for St. Louis University, at 577-8609 or myself at 268-6481.

Sincerely,

Dorothy (Dodie) Purcell

Director of Risk/Quality Management

Dodie Pincell

Enclosure

p etapo digera

e man kanaman dalam sanam di mengan di sejah. Kebah Gerebutan disempakan di mengan di sejah. RECEIVED

NOV - 8 2004

DIVISION OF ENVIRONMENTAL COMPLIANCE

THROUGH OUR EXCEPTIONAL HEALTH CARE SERVICES, WE REVEAL THE HEALING PRESENCE OF GOD.

### RADIATION SAFETY OFFICE INTEROFFICE MEMORANDUM

DATE:

October 5, 2004

TO:

Ms. Dodie Purcell

Facilities and Compliance Manager

Facilities Department Cardinal Glennon Hospital

FROM:

Kevin Ferguson ##

Health Physicist

Radiation Safety Office

SUBJECT:

Sewer Discharges Of Radioactive Material and Quarterly Metropolitan St. Louis

Sewer District (MSD) Reports

As agreed to in the meeting between Mr. Mark Haenchen, Radiation Safety Officer and Mr. Al Wittrock, Safety Director on November 7, 1995, I am forwarding this notice that there were no discharges of radioactive materials from any of the Cardinal Glennon basement laboratories over which the Saint Louis University Radiation Safety Office maintains surveillance. This statement applies for the period beginning July 1, 2004 and ending September 30, 2004.

We will continue to report the discharges from the Pediatric Research Institute to MSD, as we have in the past. If you wish to have a copy of the report for the PRI, please give me a call at 977-6896.



## Metropolita St. Louis Sewer District

MSD

Office of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913 (314) 436-8710 FAX (314) 436-8753

October 20, 2004

Bud Fredrick
Maintenance Supervisor
SSM CARDINAL GLENNON'S HOSPITAL
1465 South Grand Boulevard
St. Louis, Missouri 63104

RE: NO

NOTICE OF POTENTIAL PERMIT VIOLATIONS

MSD Account No:

41121954-00

For premise at:

1465 South Grand Boulevard

Dear Mr. Fredrick:

As discussed in my 10/20/04 conversation with Rich Cunningham, MSD personnel recently collected and analyzed samples of wastewater being discharged to the MSD system from the above premise. Certain volatile chemical compounds were found at elevated levels as indicated below.

SAMPLE GAS/VAPOR TOXIC

DATE TIME POINT SAMPLE TYPE PARAMETER SCREENING LEVEL VALUE FOUND

10/01/04 1050 001 Grab Xylene 1.74 mg/l 2.23 mg/l

#### mg/l = milligrams per liter

The gas/vapor toxicity screening levels for wastewater are based on Threshold Limit Value/Time Weighted Averages (TLV/TWA) published by the American Conference of Governmental Industrial Hygienists and used by OSHA and NIOSH to establish air contaminant exposure limits for workers.

The presence of volatile chemical compounds at concentrations above the screening levels can result in generation of toxic gases or vapors in the sewer atmosphere, posing a serious threat to the health and safety of MSD personnel and to other users of the sewer system. If several compounds are present at elevated levels, the potential for generation of toxic gases or vapors is increased due to potential additive and/or synergistic effects.

Wastewater discharges which cause or contribute to emissions of toxic gases, vapors or fumes into the sewer atmosphere at levels in excess of the applicable TLVs are prohibited under Ordinance 8472, Article V, Section One, Paragraph A.8.

#### REQUIRED ACTION/RESPONSE:

Submit a report of actions, which you have initiated, to ensure that discharges of volatile chemical compounds are maintained below levels of concern. Please submit this report by November 22, 2004.

If you have any questions, please contact me at 436-8764.

Sincerely,

METROPOLITAN ST. LOUIS SEWER DISTRICT

David W. Kupke

**Environmental Engineering Associate** 

**Enclosures: SNC Attachment** 

File-Industry

# METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL FACILITY REINSPECTION REPORT

	any: SSM Care						_ Account #:			
	ise Address:		rand Boulev	vard			Zip Code:	63104	<u> </u>	
Last	Inspection Da									
	Categories: any Representa	Non-Toxic Was	ste 🔲 No				Potentia Multi Us			
Titla	any Representa e: Mechanic	TIT	Stewart				Phone#: 314	-268-27	71	
	ector: D. Ku									
-	rs Present:	None								
	ection Date:	1/15/04	Time of	Inspection	i: Fr	om <u>0</u>	8:35 AM T	o <u>10:10</u>	MA (	
NOTE :	ALL ITEMS ARE INFORMATION P	TO BE COMPLE	TED BASED OF	N EVENTS SI	INCE AS W	LAST ELL /	INSPECTION. A AS INFORMATION	NSWERS F IN FILE	ARE BASE	D ON
**:	* DATABASE ALS	O UPDATED WIT	H APPROPRIA	ATE CHANGE	S - s	see a	ttached data	base re	ports *	**
1.	A. ARE THERE	η Συρτήτοναι. Ι	ACCOUNT NUM	BERS?					Yes⊠	NoП
1.	I ist the	em, note any o	changes:	41122163	-01	150	1 South Gr	and un		ther
		,	<b>y</b>	account.	41	1221	63-01 and	411221	64-00	are
				closed a	ccour	nts f	rom previous	renova	tion.	,
	B. WERE ALL	ACCT NUMBERS	VERIFIED A	S CORRECT	& AC	TIVE	ON BILLING S	YSTEM?	Yes⊠	No
2.	PROCESS & CLE.	ANUP/WASHDOWN	:	Cont/	Wat	er	Frequency			
				Batch	Use	ed?	of discharge		le pt.	
	Hospital serv	ices		Cont	Yes	3	daily		1, SP00	) 4
	Cooling tower	blowdown		Batch	Yes		daily	SP00		
	Boiler blowdo	wn		Batch	Yes		daily	SP00	1	
				(None)	N/P					
				(None)	N/F					
				(None)	N/A	Ā				
3.	PRETREATMENT	(describe):	_					Samp	le pt.	
ĺ	Grease Interd	ceptor						SP00		
	Silver recove	ery						SP00	1, SP00	04
4.		BEGUN DISCHAR		W POLLUTA	NTS S	INCE	THE LAST INS	SP?	Yes	No⊠
	B. Will MSD C. Will MSD (MSD must	STP exceed ex STP's dischar notify MDNR	xisting NPD rge exceed	0.1  mg/l i	or a	ny n	ew pollutant?	nue.)	Yes Yes	
	D. Comments:									
5.		Y FEDERALLY R list reg. & de 50 no dischare	escribe (in	cluding ar					Yes⊠	No
6.	DOES CATEGOR	ICAL WASTEWAT	ER COMBINE	WITH NON-	CAT.	WW P	RIOR TO SAMPI	LING?	Yes□	No⊠
	A. At which									
	C. If no,	applied factor what is the explain chance	r: e correct				Is it cor	rect?	Yes	No[]
7.		WATER SUBJECT	TO PRODUCT	TION OR MA	SS BA	SED	STANDARDS?		Yes[	No⊠
		lculation of on rate or di						verage	Yes 🗌	No
	C. II yes,	-vhra111.	-1-8-A000000	1				(	07/03)	

8.	ARE		IVE MATERIALS HAN					Yes□ No⊠
	А. В.	Describe ope Does company	rations & disposa have MSD authori:	l: zation to $\alpha$				Yes No
	C.	Date of Auth			-	amt appro	oved:	. V N
	D. E.	Has company If yes, expl	exceeded the approain:	oved quant:	ity?			Yes No
9.	DOE		APPEAR EXCESSIVE?					Yes□ No⊠
	Α.	Explain how	verified & needed	changes:	Tour of	f facili	ty revealed	l that water umes for this
					typed o	of opera	tion. Hospi	tal services
					water	usages	are X-Ray,	Laboratory,
								ns. Increased
					water hospita		ie to expar	nsion of the
			anne opprante or		MIMO OIN	20		Yes∏ No⊠
10.			EDED ORDINANCE DI			ÛE.		ies No
	A.		TON OK WITHIN THE	Sampl		Is prob	lem resolved	.?
		Pollutant	When	Point		Yes/No	Describe	
						N/A		
						N/A		
						N/A N/A		
						N/A		
						N/A		
	В.	Comments:						
					).Im	o otnor	NT:	A□ Yes□ No⊠
11.			EDED CATEGORICAL TION OR WITHIN THE			S SINCE	IN A	AU ies NoM
	Α.		. ION OK WITHIN HOL	Sampl		Is prob	lem resolved	!?
		Pollutant	When	Point	S	Yes/No	Describe	
					-	N/A		
						N/A	'	
						N/A N/A		
						N/A		
		······································			, , , , , , , , , , , , , , , , , , ,	N/A		
	В.	Comments:			10.7.7			
				ODODO OTNO	, , , , , , , , , , , , , , , , , , , ,	NG DECENTOR	10	Yes□ No⊠
12.		THERE BEEN Upsets?	ANY PROBLEM DISCH Bypasses of pr				N ?	ies No
	А.	Spills?	Slug discharge			.100.		
	В.	Explain any		-	-			
			<del></del>					N
13.		ANY SOLVENTS		urlana ahla	mida Na	otono Vi	,lono	Yes⊠ No□
		Which solven What used for		reagents, s	teriliza	tion of s	surgical ins	truments
		How disposed			All and a second		*	
					tin omno o	D DDOGEC	٠	Yes□ No⊠
14.			LEAKS OF STORED C REACH SANITARY S					res No
			needs to be done	?				
			re they controlle	d? Chemi	cal stora	ige is su	fficiently o	contained from
				any s	pill ever	nt reachi	ng the sewer	system.

15.	DOE	S COMPANY	HAVE ANY	SPILL,SLUG	OR SOL	VENT MAN	IAGEME	NT PLANS (S	MP)?	Yes⊠	NoL
		If yes:			MP?	Last		opy in File?	L		
		Title			13/433	Update		SMP only)		.f yes	
		Hazardou Manageme	s Materia	ls and N	/A	7/25/	97	Yes	No		
		Hanageme	11.0	N	/A			N/A	N/A		
		***************************************			/A			N/A	N/A		
	в.	Are any	Plans neede	ed in addi	tion to	those 1	isted	in Part A	3	Yes	No🛛
			ompany and								
16.	HAZ	ARDOUS WA									
	A.		mpany informe st and may po					e management	regulations	Yes⊠	No
	В.	Is there a reported t	ny discharge o MSD (under	to the sewer 40 CFR 403.1	s of haza			n has not bee	en previously	Yes	No⊠
	C. D.	Was the co	B, list haz w mpany provide ove regulatio	d with a "Pu	blic Noti	 .ce/Haz. Wather	aste Dis e are an	charge Notif	ication" form	Yes	No I
	F.	Comments:		(10941410							لــا
17.	N D E	PMPDCENC	Y NOTIFICA	TION PROCE	DURES F	OSTED?				Yes⊠	No
17.	A.	Are MSD	contacts 1:	isted?						Yes⊠	
	В.	If no to	either, d	escribe ho	w handl	ed:	***********				
18.	IS	COMPANY R	EQUIRED TO	SELF-MONI	TOR ANY	OF THE	R DIS	CHARGES?		Yes⊠	No
	Α.		requiremendocument,				$\boxtimes$	or other	document [	ا.	
	В. С.		uently is				arterl	У			
	D.	How freq	uently are	reports r	equired	? Qu	arterl			Yes□	NoM
	E. F.		orts been a	on-time, c id not re	ompiete oort fl	ow, late	radia	ation repo	rt and did	***************************************	
				or all par							
19.	ΙF	COMPANY S	SELF-MONITO	RS (REQ'D	OR NOT	), DOES	IT CO	LLECT REPI	RESENTATIVE		N/A
	GRA	B/COMP SA	MPLES & US	E EPA-APPF	ROVED 40	)CFR136 (	WASTEW	ATER TEST	METHODS?	Yes⊠	No
	Α.	If no, e	xplain nee	ded change	s: _						
20.						FORCEMEN	IT ORD	ERS OR RE	QUIREMENTS	Yes[	$No \square$
			MPLIANCE S type and d		PORTS?						
	В.	Have the	reports &	actions b	een on-	time & c	complet	te?		Yes 🗌	No
			xplain: _								
21.	DOE	S MSD CAT	EGORY NEED	TO BE REV	ISED?					Yes[	No🏻
	Α.	Indicate	correct c	ategories:				1 3 m 1 .			
		SIU [	CIU c Waste $\square$		Surchar	- )		ial Toxic ti User [			
	В.		changes:		JCC33 1.	10W L	1141				
22	CAN	1PLE POINT	7.C							DJ -	(y/n)
22.	SAN		Fed.Reg.		Comp	onents:	Blowd	own, N	CCW, Sar	nitary,	No
	J.	"   001	rearrieg.				Hospi	tal waste	· · · · · · · · · · · · · · · · · · ·		
	SP	# 004	Fed.Reg.		Comp	onents:	Hospi	tal waste,	. Sanitary		No
	SP	#	Fed.Reg.		Comp	onents:			act-11		N/A
	SP	#	Fed.Reg.		Comp	onents:					N/A
											NI / 2
	SP	#	Fed.Reg.		Comp	onents:					N/A

23.	ANY UNSAMPLED DI	SCHARGES? (list eac	ch lateral separat	cely)	Yes 1	NoX
	Dummy SP #	Components:				
	Dummy SP #	Components:		· · · · · · · · · · · · · · · · · · ·		
24.	A. If any SPs c	POINTS OPENED AND I annot be located or escript's need to be	r opened, explain:		Yes⊠ below	No
25.		E POINT MAP! correct and accurat changes are needed	te in <u>all</u> its deta	map revision date ails? cts, add SP004 t	Yes 1	

USE THIS SPACE FOR ANY OTHER COMMENTS/OBSERVATIONS PERTINENT TO YOUR INSPECTION OF THIS SITE. Add SP004 as an active sample point. This is due to the expansion of the hospital. SP 004 has the same small X-ray development in the building. The lateral closest to the hospital is in the middle of the dropoff area. For safety reasons, I have chosen the next manhole downstream. The description of SP004 is a manhole 3' W from SW corner of Emergency building. To access this sample point you must through the gate entrance by the helipad.

# METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME:

Date

03/06/1997

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL

Premise Address

1465 South Grand Blvd.

St. Louis, MO 63104 1095

PRIMARY MSD ACCOUNT NO:

4112195400

Effective Data SIU Criteria

08/23/1990 Reasonable potential for adverse affect on oper

INDUSTRIAL USER CATEGORIZATIONS

**Effective** CIU Surcharge SIU

High Flow Pot Toxic No Proc Multi User Acct

Waste Flow ΠU

Υ

GENERAL INFORMATION

Υ

Office Mailing Address

1465 South Grand Blvd

St. Louis, MO 63104 1095

20F3 MSD Base Map:

Wun: St. Louis City & Co.

Grid: H 21 Page: Last Routine Inspection

01/15/2004 Date;

Last Inspection

Date: Inspector

Inspector David Kupke

Next Due: 06/30/2005

10/29/1999 IUQ Recvd Date: Fabian Grabski Reviewer:

05/01/2005 Permit Issue Date:

04/30/2010 Permit Exp.Date:

Extend / Term Date

Permit Writer Fabian Grabski

**CONTACTS:** 

Auth Signature - Primary Field Contact - Primary

Field Contact 1st Alt

Office Contact - Primary

Rich Cunningham

**Bud Fredrick** 

Mark Stewart Rich Cunningham Director of Safety & Security Maintenance Supervisor

Maintenance Mechanic

Director of Safety & Security

**Shift Start Time** 

08:00 AM

04:00 PM

Office Phone

David Kupke

01/15/2004 Type: RIN

(314) 268-4117 Ext

(314) 577-5327 Ext Office Phone

Office Phone (314) 268-2771 Ext

Office Phone (314) 268-4117 Ext

OPERATIONAL INFORMATION

Work Days / Week:

Employees: Shifts / Day: Hrs. of Operation:

3 24

7

1 1,350 2 3

On-Site Storage:

Shift No.

12:00 AM 350 N On-Site Disposal: N Off-Site Disposal:

No. of Emp.

600

400

Shift Duration

8

8

Other Agencies

EPA - Hazardous Waste Program MDNR - Hazardous Waste Program **Nuclear Regulatory Commission** 

Permit Number MOD075904839 001310 24-00196-07

COMMENTS Cont-op, SPCCP-yes

NON-SEWERED WASTE

Name change 3/14/02; SSM added to beginning of name. FG

PRODUCT & SERVICE INFORMATION

DESCRIPTION

8069 Specialty Hospitals, Except Psychiatric

Raw Materials / Processes:

N/A

Products / Services:

Service: general hospital

WATER CONSUMPTION AND WASTEWATER DISCHARGE

> Sewer Accounts 4112195400 4112485301

1	Start Date	12/01/2002	End Date =	01/31/2004	Wdays	Cdays		-	
I	Acct No.			Consumption			Disc	<u>charge</u>	
J	4112195400		CCF's	Gallons	ł		Gal / Wday	Gal / Cday	
	10	/30/2002 01/24/2	2003 16,15	55	87	87			
	01	/25/2003 08/01/2	2003 15,46	54	189	189			
	08	3/02/2003 10/27/2	2003 17,85	0	87	87			
	<u>RF</u> 0.79	Acct. Total	49,46	37,005,384	363	363	80,535	80,535	
		Facility Total	49,46	<b>19</b>			80,535	80,535	

Report No. ECIM012A 03/12/2004 Data Date & Time

03/12/2004

2:48:47PM 2:48:48PM Page 1 of 2

Modification Date 03/12/2004 Modification Time 2:48:34PM



# ROPOLITAN ST. LOUIS SEWER DISTA INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME: 4112195400

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL

Premise Address

1465 South Grand Blvd.

St. Louis, MO 63104 1095

SEWER CONNECTION INFORMATION

PRIMARY MSD ACCOUNT NO:

LATERAL NO:

Lateral Type

Sanitary Or Combined

DS MH 20F3 350C Treatment Area Bissell Point

Trunk Sewer Old Mill Creek

<u>Description</u> Line from building northwest to Vista Av.

Sewer Route West on Vista to 39th St, continuing West to 9' relief sewer then North to trunk.

SAMPLE POINT No. 001 SAMPLE POINT TYPE. Ordinance

NPDES Outfall No:

Quantity

161

1,630

34,000

30,000

1,630

N/A

Effective Date

01/15/2004

RUD

D

D

D

D

Unit

**GPD** 

**GPD** 

**GPD** 

GPD

**GPD** 

**Description** MH on sidewalk S of Vista Ave., E of overhead walkway, Flow from SE **Process Description** 

**Discharge Components** Non Contact Cooling Water

Boiler Blowdown

Sanitary Hospital Waste

Cooling Tower Blowdown

TOTAL ONTY:

67,421

**LATERAL NO:** 03

Lateral Type Sanitary Or Combined

DS MH 20F3 399C Treatment Area Bissell Point

Trunk Sewer Old Mill Creek

8" line exiting NW from SW main hopsital entrance into manhole Description

Sewer Route N along Spring, W along Vista, to 39th St, continuing West to 9' relief sewer then North to trunk.

SAMPLE POINT No.

004

SAMPLE POINT TYPE. Ordinance

NPDES Outfall No:

N/A

Description MH 3' W from SW corner of emergency building

**Discharge Components** 

**Process Description** 

Quantity 4,000 **RUD** D

Effective Date 01/15/2004

Sanitary

X-ray, and Laboratory services

3,000 GPD D

Hospital Waste

TOTAL QNTY:

7,000

PRETREATMENT TYPES

**SPN** Pretreatment Description

SPN

**Pretreatment Description** 

SPN

**Pretreatment Description** 

<u>Unit</u>

GPD

001 Electrolysis

004 Metallic Replacement 001 Grease Trap

Chloroform

Phenol

001

Metallic Replacement

PRIORITY POLLUTANTS

Pollutant Description 2,4-Dinitrophenol

Methylene Chloride

Status KP

KP

Pollutant Description

Status KP KP

Pollutant Description Mercury (Total)

Silver (Total)

Status KP KP

EXTRA STRENGTH SURCHARGE INFORMATION

**Certification / Recertification Date** 

II

Report No. ECIM012A 03/12/2004 2:48:47PM Data Date & Time 03/12/2004 2:48:48PM Page 2 of 2

Modification Date 03/12/2004 Modification Time 2:48:34PM



For Account Number Selecte Located at ECIMS FACILITY CONTACTS
SSM CARDINAL GLENNON CHILDREN

1465 South Grand Blvd.

St. Louis

MO 63104-1095

Address	Type
---------	------

Contact Type	Contact Name	Contact Title	Phone Typ€	Number	Ext.
Office Mailing Address			9900 <b>9</b> 00000000000000000000000000000000		
Auth Signature - Primary	Rich Cunningham	Director of Safety & Security	OFF	(314)268-4117	
Auth Signature 1st Alt	Bud Fredrick	Maintenance Supervisor	OFF	(314)577-5327	
Office Contact - Primary	Rich Cunningham	Director of Safety & Security	OFF	(314)268-4117	
Office Contact 1st Alt	Dodie Purcell	Risk Manager	OFF	(314)577-5600	
Premise Address					
Field Contact - Primary	Bud Fredrick	Maintenance Supervisor	OFF	(314)577-5327	
Field Contact 1st Alt	Mark Stewart	Maintenance Mechanic	OFF	(314)268-2771	
Field Contact 2nd Alt	Jack Mitchell	Maintenance Mechanic	OFF	(314)577-5600	

1

Account No Entered 4112195400

## SSM CARDINAL GLENNON CHILDREN'S HOSPITAL

SPN		Premise Address CI	TY	ST	ZIP							33
001	Poll Code		t. Louis Frequency	MO Sample	6310410 Type	)9: IM	= I	PD -	Company - N	<b>ASD</b>	End Date	06/30/2005
igeneijenunjen	T200000	Discharginal Overson Demand (5 De	Once/year		Comr	-Time	04 H	re				
	T208000 T213000	Biochemical Oxygen Demand (5 Da Chemical Oxygen Demand	Once/year		•	-Time						
		, ,	Once/year		Grab	<i>-</i> 1 II 11 C	0-411	13				
	T234000 T237000	Oil and Grease (Total)	Once/year		Grab							
	T247000	pH Temperature	Once/year		Grab							
	T256000	Total Suspended Solids	Once/year			-Time	04 H	re				
	T283000	2,4-Dinitrophenol	Once/year		,	-Time						
	T332000	Chloroform	Once/year		Grab	)- 1 II 11C	0-7 11	13				
	T371000	Methylene Chloride	Once/year		Grab							
	T388000	Phenol	Once/year			-Time	na H	re				
			•									
	TOOOOO				('Ann							
	T393000	Silver (Total)	Once/year		Comp	o- i ime	0411	13				
004	T999000	Total Toxic Organics	Once/year	Sample	Grab				Company - N	MSD	End Date	06/30/2005
004		Total Toxic Organics	•	· Sample	Grab	IM			Company - M	MSD	End Date	06/30/2005
004	T999000	Total Toxic Organics	Once/year	Sample	Grab Type Comp	IM o-Time	= I 04 H	PD -	Company - N	MSD	End Date	06/30/2005
004	T999000 Poll Code	Total Toxic Organics Pollutant Description	Once/year Frequency	Sample	Grab Type Comp	IM	= I 04 H	PD -	Company - N	MSD	End Date	06/30/2005
004	T999000 Poll Code T208000	Total Toxic Organics Pollutant Description  Biochemical Oxygen Demand (5 Da	Once/year Frequency	Sample	Grab Type Comp	IM o-Time	= I 04 H	PD -	Company - N	MSD	End Date	06/30/2005
004	T999000 Poll Code T208000 T213000	Total Toxic Organics Pollutant Description  Biochemical Oxygen Demand (5 Da Chemical Oxygen Demand	Once/year Frequency Once/year Once/year	· Sample	Grab Type Comp	IM o-Time	= I 04 H	PD -	Company - N	MSD	End Date	06/30/2005
004	T999000 Poll Code T208000 T213000 T234000	Total Toxic Organics Pollutant Description  Biochemical Oxygen Demand (5 Da Chemical Oxygen Demand Oil and Grease (Total)	Once/year Once/year Once/year Once/year	· Sample	Grab Comp Comp Grab Grab Grab	IM p-Time	= I 04 H 04 H	PD - rs rs	Company - N	MSD	End Date	06/30/2005
004	T999000 Poll Code T208000 T213000 T234000 T237000	Total Toxic Organics Pollutant Description  Biochemical Oxygen Demand (5 Da Chemical Oxygen Demand Oil and Grease (Total) pH	Once/year Once/year Once/year Once/year Once/year	· Sample	Grab Comp Comp Grab Grab Grab	IM o-Time	= I 04 H 04 H	PD - rs rs	Company - N	MSD	End Date	06/30/2005
004	T999000 Poll Code T208000 T213000 T234000 T237000 T247000	Total Toxic Organics Pollutant Description  Biochemical Oxygen Demand (5 Da Chemical Oxygen Demand Oil and Grease (Total) pH Temperature	Once/year Once/year Once/year Once/year Once/year Once/year Once/year	· Sample	Grab Comp Comp Grab Grab Grab Comp	IM p-Time	= I 04 H 04 H	PD -	Company - N	MSD	End Date	06/30/2005
004	T999000 Poll Code  T208000 T213000 T234000 T237000 T247000 T256000	Total Toxic Organics Pollutant Description  Biochemical Oxygen Demand (5 Da Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids	Once/year Once/year Once/year Once/year Once/year Once/year Once/year	· Sample	Grab Comp Comp Grab Grab Grab Comp	IM o-Time o-Time	= I 04 H 04 H	PD -	Company - N	MSD	End Date	06/30/2005
004	T999000 Poll Code  T208000 T213000 T234000 T237000 T247000 T256000 T283000	Total Toxic Organics Pollutant Description  Biochemical Oxygen Demand (5 Da Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids 2,4-Dinitrophenol	Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year	· Sample	Comp Comp Grab Grab Grab Comp Comp	IM o-Time o-Time	= I 04 H 04 H	PD -	Company - N	MSD	End Date	06/30/2005
004	T999000 Poll Code  T208000 T213000 T234000 T237000 T247000 T256000 T283000 T332000	Total Toxic Organics Pollutant Description  Biochemical Oxygen Demand (5 Da Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids 2,4-Dinitrophenol Chloroform	Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year Once/year	· Sample	Grab Comp Grab Grab Comp Comp Grab Comp Comp Grab	IM o-Time o-Time	04 H 04 H 04 H	PD -	Company - N	MSD	End Date	06/30/2005
004	T999000 Poll Code  T208000 T213000 T234000 T237000 T247000 T256000 T283000 T332000 T371000	Total Toxic Organics Pollutant Description  Biochemical Oxygen Demand (5 Date Chemical Oxygen Demand Oil and Grease (Total) pH Temperature Total Suspended Solids 2,4-Dinitrophenol Chloroform Methylene Chloride	Once/year	Sample	Grab Comp Grab Grab Comp Comp Grab Comp Grab Comp Grab Comp	o-Time o-Time o-Time	= I 04 H 04 H 04 H	PD - rs rs rs	Company - N	MSD	End Date	06/30/2005

Continued from PRECEDING PAGE

# Cardinal Glennon Children's Hospital expansion

Alberici Constructors continues work on the \$42 million expansion and renovation at Cardinal Glennon Children's Hospital. The project includes 116,000 square feet of new space and renovation of 59,000 square feet of existing space. Also included is a 346-space parking garage, which has been completed. About 40 percent of work has been done on the expansions and renovations, which are scheduled to be completed by August 2003.

Christner Inc. is the architect on the project; SSE Structures, Volz Civil and McGrath Inc. are the engineers.

# ProLogis-Unilever

The \$28.2 million, 1.3 million-square-foot ProLogis-Unilever Distribution Center at 4523 Chain of Rocks Road in Pontoon Beach is nearly 35 percent complete, according to Korte Co., general contractor on the project. The tilt-up distribution center, owned and developed by ProLogis, is

bridge, and landscaping around Murphy Lake have been completed.

Other projects to be completed by the projected December 2003 finish date include the renovation of the Jewel Box, Aviation Field and Lindell Pavilion, and repairs and improvements to the park's sewers and roads.

BSI Constructors is the general contractor for the privately funded portions of the project; B&P Contracting is general contractor for the pub-

licly funded portions.

# Corn-to-Ethanol Research Pilot Plant

Exterior building work on the National Corn-to-Ethanol Research Pilot Plant at Southern Illinois University-Edwardsville has been completed. Work is now progressing on the interior finish work, including placing equipment, piping and drywall partitions, as well as hanging doors. The

entire project is expected to be firshed by Dec. 6.

Fru-Con Construction Corp. is get al contractor on the project, and Chicago office of Washington Gro International Inc. has project at tectural and engineering society

Located in SIUE's University Parl 23,500-square-foot, \$20 million, c story plant will be the site for research on improving the efficient of producing ethanol from corn.

# BRINGING VISION INTO FOCUS:



ACOH 41121914-00

Jum Cardinal Gloman Children's Hospital

# METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL FACILITY REINSPECTION REPORT

Company: SS	SM Cardinal Glennon Childrens		41121954-00							
Premise Address: 1465 South Grand Boulevard Zip Code: 63104-										
Last Inspection Date: 3/12/02										
-	ASD Categories: SIU 🔀 CIU 🗌 Surcharge 🗌 Potential Toxic Waste 🔯 Non-Toxic Waste 🗍 No Process Flow 🗍 Multi User 🗍 IIU 🗍 Company Representative: Bud Fredrick									
				Phone#: 314-26	8-2771					
Inspector:	ntenance Supervisor			FIIOTIE#: 514-20	0-2111					
Others Prese			***************************************							
Inspection D	,	Inspection:	From 1	2:10 PM To (	01:35 PM					
NOTE: ALL ITE INFORMA	EMS ARE TO BE COMPLETED BASED OF	N EVENTS SIN	NCE LAST AS WELL A	INSPECTION. ANSW AS INFORMATION IN	ERS ARE BASED ON FILE.					
*** DATABA	SE ALSO UPDATED WITH APPROPRIA	ATE CHANGES	- see a	attached databas	e reports ***					
	THERE ADDITIONAL ACCOUNT NUMBER them, note any changes:	BERS?			Yes□ No⊠					
	RE ALL ACCT NUMBERS VERIFIED AS	S CORRECT &	ACTIVE	ON BILLING SYST	'EM? Yes⊠ No□					
2. PROCESS	& CLEANUP/WASHDOWN:	Cont/	Water	Frequency						
		Batch	Used?	of <u>discharge</u>	Sample pt.					
	l services	Cont	Yes	daily	SP001					
	Blowdown	Batch	Yes	daily	SP001					
Cooling	Tower blowdown	Batch	Yes	as needed	SP001					
		(None)	N/A							
	1444	(None)	N/A							
		(None)	N/A							
	ATMENT (describe):				Sample pt.					
	recovery	.e		1010 (B.5.)	SP001					
Grease	Interceptor				SP001					
	MPANY BEGUN DISCHARGING ANY NE t pollutants & process: Wa			THE LAST INSP?						
		<u>oilers</u>			,a					
B. Wil	.1 MSD STP exceed existing NPD	ES discharg	re limit	(s)?	Yes No					
C. Wil	1 MSD STP's discharge exceed	0.1  mg/l fc	or any n	ew pollutant?	Yes□ No⊠					
·	BD must notify MDNR if B or C									
D. Com	mments: Trace amounts of war system as a result:									
	NPDES limits	IIOM DIOWAC	WII. THE	se amounts will	not exceed					
	ERE ANY FEDERALLY REGULATED (4				Yes⊠ No□					
A. If	yes, list reg. & describe (in	cluding any	discha	rge):	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	CFR 460 there are no discharge	arge standa	ards. T	he discharge is	from hospital					
	rvices. These departments co			<u>gical- X-ray de</u>	velopment, tab					
ope	erations-NCCW, and Dietary- ki	tchen waste	-							
	ATEGORICAL WASTEWATER COMBINE which points?	WITH NON-CA	AT. WW P	RIOR TO SAMPLING	G? Yes□ No⊠					
	rent applied factor:	т	s it co	rrect?	Yes No					
	no, what is the correct		.5 10 00							
	ctor & explain change?									
240										

(01/03)

7.	IS ANY WASTEWATER SUBJECT TO PRODUCTION OR MASS BASED STANDARDS?  A. At which points?										
	В.	. Since calculation of the current limits, has the long term average Yes No production rate or discharge volume changed by 20% or more?  . If yes, explain:									
8.	ARE		IVE MATERIALS HANDL	ED?			Yes□ No⊠				
	А. В.	Does company	rations & disposal: have MSD authorizat				Yes No				
	D.	Date of Authorization:  Has company exceeded the approved quantity?  If yes, explain:  ———————————————————————————————————									
9.			PPEAR EXCESSIVE? verified & needed c	hanges:			Yes□ No⊠				
10.		= -	EDED ORDINANCE DISC		INCE		Yes□ No⊠				
	Α.	If yes:		Sample		lem resolved?					
		Pollutant	When	Points	Yes/No	Describe					
					N/A						
					N/A						
					N/A						
					N/A						
					N/A N/A						
	Τ.	Comments:			I N/A	<u> </u>					
11.		LAST INSPECT	EDED CATEGORICAL PR ION OR WITHIN THE L When		Is prob Yes/No	lem resolved?	Yes No				
					N/A N/A						
					N/A N/A		4				
					N/A						
					N/A						
				-	N/A						
	В.	Comments:									
12.	Α.	HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION?  A. Upsets? Bypasses of pretreatment facilities?  Spills? Slug discharges? Other?  B. Explain any marked:									
13.	ARE A.	ANY SOLVENTS Which solven		ene chloride, A	Acetone, Xy	ylene	Yes⊠ No□				
		What used for How disposed	r? Laboratory rea	gents, steriliz	zation of s	surgical instr	uments				
14.	ram	ERIALS EASILY	LEAKS OF STORED CHE REACH SANITARY SEW			3	Yes□ No⊠				
			needs to be done? re they controlled?	There are no storage area		or drains in a	any chemical				

15.			HAVE ANY SPI	LL,SL					P)?	Yes⊠	No
		If yes: Title			SMP? 413/433	Last Updat		opy in File? SMP only)	Update ne Explain i		
	1	Hazardou	s Material	&	N/A	7/25/		Yes	No		
		waste ma									
					N/A			N/A	N/A N/A		
	ا	Tf no i	s one needed?	(suri	N/A	, and re	mest)	N/A	N/A	Yes	Noll
	ь.	11 110, 1	s one needed:	( *** **	ce company	y and re	,quese,				
16.	HAZ	ARDOUS WA								5-71	
	Α.		mpany informed/r st and may poten					e management	regulations	Yes⊠	Ио[]
	в.	Is there a	ny discharge to	the sev	ers of haza			has not beer	previously	Yes□	No🏻
	c.		o MSD (under 40 B, list haz wast		.12(p))?						
	D.	Was the co	mpany provided w	ith a "	Public Notio	 ce/Haz. Wa	aste Dis	charge Notifi	cation"	Yes⊠	No
	177	form for t Comments:	he above regulat	ions (r	egardless o	f whether	there a	re any discha	rges)?		
	F.	Commencs.	***************************************								
17.			Y NOTIFICATIO		CEDURES P	OSTED?				Yes⊠	
			contacts list			1				Yes⊠	NoL
	В.	If no to	either, desc	ribe	now hand⊥e	ea:					
18.	IS	COMPANY R	EQUIRED TO SE	ELF-MO	NITOR ANY	OF THE	IR DISC	CHARGES?		Yes⊠	No
	Α.	If yes,	requirement i	s con	tained in	permit			document [	].	
	В.		document, da								
	C. D.		uently is sam uently are re				arterl; arterl;				
	E.	Have rep	orts been on-	time,	complete	& signe	ed by p	roper pers	on?	Yes	
	F.	If no, e	xplain: <u>Late</u>	repo	ort, did	not in:	itial	certificat	ion, no au	ıthoriza	ation
			sigr	nature	1 st quart	er 2003	·				
19.	ΙF	COMPANY S	SELF-MONITORS	(REQ	D OR NOT	), DOES	IT CO	LLECT REPR	ESENTATIVE		N/A
	GRA	B/COMP SA	MPLES & USE F	EPA-AP	PROVED 40	CFR136 V	WASTEWA	ATER TEST M	ETHODS?	Yes⊠	No
	Α.	If no, e	xplain needed	l chan	ges: _						
20.	TS	COMPANY	UNDER ANY EN	VTRONN	MENTAL ENI	FORCEMEN	T ORDE	ERS OR REO	UIREMENTS	Yes[]	No🏻
20.			MPLIANCE SCH					·			
	Α.	If yes,	type and date	:						Yes	No
		Have the If no, e	reports & ac	tions	been on-	cime & c	complet	e:		1es	МО[]
	С.	II no, e	vhram.								
21.	DOE		EGORY NEED TO							Yes 🗌	No🏻
	Α.		correct cate	gorie			D-++	ial mauda i	wasta M		
		SIU [	CIU 🗌 c Waste 🗍	No F	Surchar Process Fl			ial Toxic ti User			
	В.			1,0 1	100000 11	~ L		01 0001			
		-								D. 7	111
22.		IPLE POINT			Comp		Canit	aru Harni	tal waste,		(y/n) No
	SP	# 001	Fed.Reg.		Compo	onents:		ary, mospi r blowdown	tal waste,	NCCW,	NO
	SP	#	Fed.Reg.		Compo	nents:					N/A
	SP	#	Fed.Reg.		Compo	onents:					N/A
	SP	#	Fed.Reg.		Compo	onents:				-	N/A
	or	П	rea.neg.		COMPC	·11C11C3 +					_ ,
	SP	#	Fed.Reg.		Compo	onents:					N/A
	l	1	1		I		i				1

23.	ANY UNSAMPLED	DISCHARGES? (list each lateral separately)	Yes	No⊠
	Dummy SP #	Components:		
	Dummy SP #	Components:		
24.	A. If any SP	PLE POINTS OPENED AND INSPECTED? Ps cannot be located or opened, explain: P descript's need to be changed, explain:	Yes⊠	№П
25.	A. Is the m	MPLE POINT MAP! Last map revision date: 3.  Map correct and accurate in all its details?  Mhat changes are needed?  Change contacts, add boiler  maintenance shop to industrial sam	Yes \bigcup room	No X and

USE THIS SPACE FOR ANY OTHER COMMENTS/OBSERVATIONS PERTINENT TO YOUR INSPECTION OF THIS SITE. Add Boiler blowdown as a component for discharge to this account. The discharge is still collected into SP001. I received MSDS sheets for the water treatment chemicals used in makeup water for boilers. By September 2003 we will need an Industrial User Questionaire filled out due to the expansion of the hospital. During this visit, I could not find any sample points associated with the expansion of the hospital. This is due to the incompleted construction of this new expansion.

917070

Page 1 of 2

MEDICAL EMERGENCY ONLY, 24 HOUR SERVICE: 1-800-328-0026

Water Care Division of ECOLAB INC.

Product Information: 1-800-75-WATER 370 Wabasha St.

St. Paul MN 55102 Date of Issue: August 22, 1997

1.0 IDENTIFICATION /

1.1 Product Name: WCS 215

1.2 Product Type: Water treatment microbiocide

++ SARA 313 Toxic Chemicals, If Present, Are Preceded by "#" ++ ______

2.0 HAZARDOUS COMPONENTS /

(mg/M3)상 PEL TLV

2.1 Glutaraldehyde 111-30-8 15 0.82 C

*Supplier recommends 0.41 mg/m3 as ceiling limit.

2.2 This product contains no other components considered hazardous according to the criteria of 29 CFR 1910.1200.

UNK = Unknown at this time

PEL = OSHA 8 Hour Average

TLV = ACGIH Recommendation

C = Ceiling Limit; Do Not Exceed

### 3.0 PHYSICAL DATA /

3.1 Appearance: Clear, colorless liquid; sharp fruity/medicinal odor

3.2 Solubility in Water: Complete

3.3 pH: Aprox 4.0

3.4 Boiling Point: 212 deg F

3.5 Specific Gravity: 1.042

## 4.0 FIRE AND EXPLOSION DATA /

4.1 Special Fire Hazards: None known4.2 Fire Fighting Methods: Aqueous product will not burn. In case of fire nearby, use fog, foam, fine water spray, dry chemical or CO2.

#### 5.0 REACTIVITY DATA /

5.1 Stability: Stable under normal conditions of handling.

5.2 Conditions to Avoid: Strong acid or alkali may deactivate the product.

## 6.0 SPILL OR LEAK PROCEDURES / USE PROPER PROTECTIVE EQUIPMENT

6.1 Cleanup: Dike or dam large spills. Pump to containers or soak up on inert absorbent. Flush residue to sanitary sewer.

6.2 Waste Disposal: Incineration is recommended for unused product. Consult state/local authorities for limits on chemical waste disposal.

Product: WCS 215 Page 2 of 2 Water Care Division of ECOLAB INC. 917070

MEDICAL EMERGENCY ONLY, 24 HOUR SERVICE: 1-800-328-0026

#### 7.0 HEALTH HAZARD DATA /

DANGER

7.1 Effects of Overexposure to Concentrate:

Skin and Eyes: Can cause severe irritation, possible chemical burns.

If Swallowed: Harmful. Can cause chemical burns of mouth, throat and stomach. Aspiration into lungs can cause lung injury. If Inhaled: Harmful.

7.2 Note: Prolonged or frequent contact may cause sensitization or asthmatic symptoms in hyper-reactive persons. Frequent skin contact may cause cumulative dermatitis.

### 8.0 FIRST AID /

- 8.1 Contact with Eyes: Immediately flush with water for 15 minutes.

  DO NOT remove contact lenses. Get medical attention.
- 8.2 Contact with Skin: Remove contaminated clothing and wash with soap and water. Wash clothing before reuse. Discard contaminated leather articles.
- 8.3 If Swallowed: DO NOT INDUCE VOMITING. Do not drink anything. Get medical attention right away.
- 8.4 If Inhaled: Move to fresh air.

IMMEDIATELY CALL THE MEDICAL EMERGENCY NUMBER, 1-800-328-0026, A POISON CONTROL CENTER OR A PHYSICIAN

#### 9.0 PROTECTIVE MEASURES /

### 9.1 CONCENTRATE:

Respiratory: Avoid breathing mists or vapors of this product. Eyes: Use chemical splash goggles. For continued or severe exposure wear a face shield over the goggles. Skin: Use industrial rubber gloves, other protection as necessary to avoid skin contact.

9.2 Note: Product is not very volatile. If eye or nose irritation is detected, air concentrations may be above the Section 2 limits, and special ventilation is needed.

## 10.0 ADDITIONAL INFORMATION/PRECAUTIONS /

10.1 Keep container closed when not in use. Keep from freezing.

#### KEEP OUT OF REACH OF CHILDREN

The above information is believed to be correct with respect to the formula used to manufacture the product. As data, standards and regulations change, and conditions of use and handling are beyond our control, NO WARRANTY, EXPRESS OR IMPLIED, IS MADE AS TO THE COMPLETENESS OR CONTINUING ACCURACY OF THIS INFORMATION.

MEDICAL EMERGENCY ONLY, 24 HOUR SERVICE: 1-800-328-0026

Page 1 of 2

Water Care Division of ECOLAB INC.

370 Wabasha St.

Product Information: 1-800-75-WATER Date of Issue: April 25, 1997

St. Paul MN 55102 

1.0 IDENTIFICATION /

1.1 Product Name: SUPERKILL

1.2 Product Type: Oxidizer/Bactericide-Algicide-Slimicide

For Cooling Systems

++ SARA 313 Toxic Chemicals, If Present, Are Preceded by "#" ++

2.0 HAZARDOUS COMPONENTS /

(mg/m3)

PEL 2.1 Sodium dichloro-s-triazinetrione 2893-78-9 None

* Supplier's recommednation 

STEL = 15 Minute Average in Air PEL = OSHA 8 Hour Average in Air

3.0 PHYSICAL DATA /

3.1 Appearance: White crystalline powder; slight chlorine odor

3.2 Solubility in Water: Substantial

3.3 pH: Not determined

4.0 FIRE AND EXPLOSION DATA /

4.1 Special Fire Hazards: Product is a strong oxidizer. Contact with

organic material, other chemicals or moisture may cause a fire.
4.2 Fire Fighting Methods: Use CO2 for small fires. Do not use ABC dry chemicals. Flood large fires with water.

5.0 REACTIVITY DATA /

5.1 Stability: Stable under normal/conditions of handling. Handle with clean, dry equipment.5.2 Conditions to Avoid: Mix only with water. Do not mix with acids, urea or ammonia - will cause hazardous vapors. Contact with kerosene, oil, sawdust, etc., can cause thermal decomposition.

5.3 Concentrated solutions in water may slowly form toxic nitrogen

trichloride. Do not close containers of damp or wet product.

6.0 SPILL OR LEAK PROCEDURES / USE PROPER PROTECTIVE EQUIPMENT

6.1 Cleanup: Flush small amounts to sewer with plenty of water. Sweep

larger amounts into clean, dry containers for disposal.
6.2 Waste Disposal: Consult state/local authorities for limits on chemical waste disposal. Do not put unused product into the sewer or mix with ordinary solid waste.

Page 2 of 2 SUPERKILL Product: 921320 Water Care Division of ECOLAB INC.

MEDICAL EMERGENCY ONLY, 24 HOUR SERVICE: 1-800-328-0026

#### 7.0 HEALTH HAZARD DATA /

DANGER

7.1 Effects of Overexposure to Concentrate: Skin and Eyes: CAUSES SEVERE CHEMICAL BURNS. Eye contact may cause blindness. Harmful contact may not cause immediate pain.
++ Immediate water flushing is vital in case of eye contact. ++ If Swallowed: HARMFUL OR FATAL. Causes chemical burns of mouth, throat and stomach. If Inhaled: Damages airways and lungs, depending upon amount and duration of exposure. Effects vary from irritation to bronchitis or pneumonia. People with lung problems may be more affected.

#### 8.0 FIRST AID /

8.1 Eyes: Flush at once with cool running water. Remove contact lenses. Continue flushing for at least 15 minutes, holding eyelids apart so as to rinse entire eye. CALL A PHYSICIAN IMMEDIATELY.

8.2 Skin: Immediately flush skin with plenty of cool running water for

at least 15 minutes while removing contaminated clothing and shoes; discard or wash well before reuse.

8.3 If Swallowed: Rinse mouth at once; then drink 1 or 2 large glasses DO NOT induce vomiting. NEVER give anything by mouth to of water. an unconscious person.

8.4 If Inhaled: Immediately move to fresh air.

> IMMEDIATELY CALL THE MEDICAL EMERGENCY NUMBER, 1-800-328-0026, A POISON CONTROL CENTER OR A PHYSICIAN

#### 9.0 PROTECTIVE MEASURES /

9.1 CONCENTRATE:

Avoid breathing dusts or mists of this product. Respiratory: Eyes: Use chemical splash goggles. *For continued or severe exposure wear a face shield over the goggles. Skin: Use industrial rubber glove, other protection as necessary to avoid skin contact. Wash off well after handling product. Note: Access to emergency systems to wash skin and eyes is recommended.

#### 10.0 ADDITIONAL INFORMATION/PRECAUTIONS /

10.1 Keep container closed when not in use.

10.2 Purpose of 04/25/97 issue: New in Ecolab Water Care format.

#### KEEP OUT OF REACH OF CHILDREN

The above information is believed to be correct with respect to the formula used to manufacture the product. As data, standards and regulations change, and conditions of use and handling are beyond our control, NO WARRANTY, EXPRESS OR IMPLIED, IS MADE AS TO THE COMPLETENESS OR CONTINUING ACCURACY OF THIS INFORMATION.

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Page 1 of 2

MEDICAL EMERGENCY ONLY, 24 HOUR SERVICE: 1-800-328-0026

Vater Care Division of ECOLAB INC.

Product Information: 1-800-75-WATER Date of Issue: December 10, 1997 370 Wabasha St. St. Paul MN 55102

#### 1.0 IDENTIFICATION /

1.1 Product Name: ScorGuard (R) 8391

1.2 Product Type: Cooling Water Treatment

#### ++ SARA 313 Toxic Chemicals, If Present, Are Preceded by "#" ++ ______

#### 2.0 HAZARDOUS COMPONENTS /

(mg/m3)

2.1 Hydroxyphosphonoacetic acid 23783-26-8 5-10 2.2 Ethanolamine (MEA) 141-43-5 *(ACGIH STEL = 15) 1-5 None None

6 None None

2.3 Maleic anhydride, polymer with ethyl acrylate and vinyl acetate, hydrolyzed 113221-69-5

2.4 This product contains no other components considered hazardous according to the criteria of 29 CFR 1910.1200.

STEL = 15 Minute Average in Air

PEL = OSHA 8 Hour Average in Air

#### 3.0 PHYSICAL DATA /

3.1 Appearance: Dark blue liquid; slight acrid odor

3.2 Solubility in Water: Mixes with water in all proportions.

3.3 pH: 3 (100%)

3.4 Initial Boiling Point: Over 212 deg F

3.5 Specific Gravity: 1.05

#### 4.0 FIRE AND EXPLOSION DATA /

4.1 Special Fire Hazards: High temperatures may generate hazardous decomposition products including oxides of phosphorus and nitrogen.4.2 Fire Fighting Methods: Does not support combustion. Use what is appropriate for surrounding fire.

#### 5.0 REACTIVITY DATA /

5.1 Stability: Stable under normal conditions of handling.

5.2 Conditions to Avoid: Avoid contact with alkalies. Contact with acid reactive salts such as nitrite or sulfite can produce hazardous vapors.

# 6.0 SPILL OR LEAK PROCEDURES / USE PROPER PROTECTIVE EQUIPMENT

6.1 Cleanup: Dike or dam large spills. Recover free liquid. Add absorbent to spill area. Sweep up absorbent and scrub floor.6.2 Waste Disposal: Do not sewer unused product or include with

ordinary solid waste.

Product: ScorGuard (R) 8391 Page 2 of 2 Water Care Division of ECOLAB INC. 923128

MEDICAL EMERGENCY ONLY, 24 HOUR SERVICE: 1-800-328-0026

# 7.0 HEALTH HAZARD DATA / DANGER

7.1 Effects of Overexposure to Concentrate:

Skin and Eyes: Can cause severe irritation or chemical burns.

If Swallowed: Harmful. Can cause chemical burns of mouth, throat and stomach.

If Inhaled: Vapors cause irritation, including a burning taste, coughing and difficulty breathing. People with asthma or other lung problems may be more affected.

#### 8.0 FIRST AID /

8.1 Eyes: Flush at once with cool running water. Remove contact lenses. Continue flushing for at least 15 minutes, holding eyelids apart so as to rinse entire eye. CALL A PHYSICIAN IMMEDIATELY.
8.2 Skin: Immediately flush skin with plenty of cool running water for

8.2 Skin: Immediately flush skin with plenty of cool running water for at least 15 minutes while removing contaminated clothing and shoes; discard or wash well before reuse.

8.3 <u>If Swallowed</u>: Rinse mouth at once; then drink 1 or 2 large glasses of water. DO NOT induce vomiting. NEVER give anything by mouth to an unconscious person.

8.4 If Inhaled: Immediately move to fresh air.

IMMEDIATELY CALL THE MEDICAL EMERGENCY NUMBER, 1-800-328-0026, A POISON CONTROL CENTER OR A PHYSICIAN

#### 9.0 PROTECTIVE MEASURES /

9.1 CONCENTRATE:

Respiratory: No protective measures needed under typical use conditions.

Eyes: Use chemical splash goggles when handling product.

Skin: Industrial rubber gloves, coveralls or long sleeved shirt and long pants. Note: Access to emergency systems to wash skin

and long pants. Note: and eyes is recommended.

#### 10.0 ADDITIONAL INFORMATION/PRECAUTIONS /

10.1 Keep container closed when not in use.

10.2 Purpose of 12/10/97 issue: Edit line 1.1

#### KEEP OUT OF REACH OF CHILDREN

The above information is believed to be correct with respect to the formula used to manufacture the product. As data, standards and regulations change, and conditions of use and handling are beyond our control, NO WARRANTY, EXPRESS OR IMPLIED, IS MADE AS TO THE COMPLETENESS OR CONTINUING ACCURACY OF THIS INFORMATION.

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Page 1 of 2

MEDICAL EMERGENCY ONLY, 24 HOUR SERVICE: 1-800-328-0026

Vater Care Division of ECOLAB INC.

370 Wabasha St. Product Information: 1-800-75-WATER Date of Issue: November 10, 1997 St. Paul MN 55102

#### 1.0 IDENTIFICATION /

1.1 Product Name: CoraVol 1973 (R)

1.2 Product Type: Steam Line Corrosion Inhibitor

++ SARA 313 Toxic Chemicals, If Present, Are Preceded by "#" ++

#### 2.0 HAZARDOUS COMPONENTS /

(mg/m3)

 $\mathtt{PE}\underline{\mathtt{L}}$ 2.1 Morpholine (skin) 110-91-8 2.2 Cyclohexylamine 108-91-8 20-30 70 71

20-30 No

#### 3.0 PHYSICAL DATA /

3.1 Appearance: Clear colorless to light amber liquid; amine (fishy) odor

3.2 Solubility in Water: Miscible
3.3 pH: 12.88 (100%)
3.4 Initial Boiling Point: 212 deg F

3.5 Specific Gravity: 0.99 Vapor Density: 3 - 3.4 (amines)

#### 4.0 FIRE AND EXPLOSION DATA /

4.1 Special Fire Hazards: High temperatures may generate hazardous decomposition products including nitrogen oxides, ammonia, aldehydes and ketones.

4.2 Fire Fighting Methods: Use fog, foam, fine water spray, dry chemical or CO2. Use water spray to disperse flammable vapors.

4.3 Flash Point: 138 F (CC)

4.4 For cyclohexylamine: LEL = 1.6% UEL = 9.4%

#### 5.0 REACTIVITY DATA /

5.1 Stability: Stable under normal conditions of handling.

5.2 Conditions to Avoid: High temperatures, heat, sparks, open flame. Reacts with mineral acids, some oxidizers. Do not mix with nitrite-containing materials; reaction could produce nitrosamines. Some nitrosamines are carcinogenic.

#### 6.0 SPILL OR LEAK PROCEDURES / USE PROPER PROTECTIVE EQUIPMENT

6.1 Cleanup: Remove all ignition sources; ventilate. Recover free liquid. Add absorbent to spill area. Scrub floor.
6.2 Waste Disposal: Unused product is Ignitable (D001) by RCRA criteria. Consult state/local authorities for limits on chemical waste disposal.

Page 2 of 2 Product: CoraVol 1973 (R) Water Care Division of ECOLAB INC. 918409

MEDICAL EMERGENCY ONLY, 24 HOUR SERVICE: 1-800-328-0026

#### 7.0 HEALTH HAZARD DATA /

DANGER

7.1 Effects of Overexposure to Concentrate: Skin and Eyes: Can cause irritation or chemical burns. Eye contact may cause blindness. Skin contact may cause sensitization. If Swallowed: HARMFUL. Causes chemical burns of mouth, throat and stomach, severe gastric disturbance and even death. Vomiting can lead to aspiration and lung damage.

If Inhaled: Vapors or mist cause irritation, coughing, difficulty breathing, nausea and vomiting. People with asthma or other lung problems may be more affected.

7.2 Note: Overexposure to amines may cause hazy, blurred vision.

Harmful amounts of amines may be absorbed through the skin.
7.3 For cyclohexylamine: Dermal LD50 (rabbit) = 280 mg/kg. Cyclohexylamine hydrochloride causes embryotoxicity and reproductive effects in rats.

#### 8.0 FIRST AID /

Flush at once with cool running water. Remove contact 8.1 Eyes: lenses, hold eyelids apart so as to rinse entire eye and continue flushing for 15 minutes.

8.2 Skin: Flush skin with plenty of cool running water. thoroughly with soap and water. Remove contaminated clothing and

shoes; wash well before reuse.

8.3 If Swallowed: Rinse mouth; then drink 1 or 2 large glasses of DO NOT induce vomiting. Never give anything by mouth to an unconscious person.

8.4 If Inhaled: If affected, move to fresh air; if breathing is

difficult, administer oxygen.

IMMEDIATELY CALL THE MEDICAL EMERGENCY NUMBER, 1-800-328-0026, A POISON CONTROL CENTER OR A PHYSICIAN

#### 9.0 PROTECTIVE MEASURES /

Use chemical splash goggles. For continued or severe exposure, wear a face shield over the goggles.

Skin: Use any industrial rubber glove. Wear rubber boots where product/solutions are on floor. Respiratory: Avoid breathing mists or vapors containing product. If nuisance fumes are a problem, use a NIOSH approved respirator equipped with with cartridges for organic vapors. Note: Access to emergency systems to wash skin and eyes is recommended.

## 10.0 ADDITIONAL INFORMATION/PRECAUTIONS /

10.1 Keep container closed when not in use. Emptied containers may contain flammable vapors; avoid heat or sparks.

10.2 Purpose of 11/10/97 issue: Edit lines 1.1 and 3.1.

KEEP PRODUCT OUT OF REACH OF CHILDREN

NO WARRANTY, EXPRESS OR IMPLIED, IS MADE AS TO THE COMPLETENESS OR CONTINUING ACCURACY OF THIS INFORMATION.

83345

MEDICAL EMERGENCY ONLY, 24 HOUR SERVICE: 1-800-328-0026

ater Care Division of ECOLAB INC. 370 Wabasha St.

Product Information: 1-800-75-WATER Date of Issue: November 10, 1997 St. Paul MN 55102 

1.0 IDENTIFICATION /

1.1 Product Name: BoilerCare 1011 (TM)

1.2 Product Type: Oxygen scavenger

++ SARA 313 Toxic Chemicals, If Present, Are Preceded by "#" ++

2.0 HAZARDOUS COMPONENTS /

(mg/m3)

Page 1 of 2

 $10 - \overline{20}$ None

2.1 Sodium sulfite 7757-83-7 2.2 Sodium bisulfite 7631-90-5

5-10 None

2.3 Note: Headspace over product may contain fumes of sulfur dioxide, SO2 (CAS 7446-09-5), which has PEL = 13, TWA = 5.2, STEL = 13. _____

STEL = 15 Minute Average PEL = OSHA 8 Hour Average in Air TWA = ACGIH 8 Hour Average  $\underline{C}$  = Ceiling Limit in Air; Do Not Exceed

#### 3.0 PHYSICAL DATA /

3.1 Appearance: Clear, light amber liquid; faint SO2 odor

3.1 Appearance: Clear, right and 2.3.2 Solubility in Water: Miscible
3.3 pH: 7.2 (100%)
3.4 Initial Boiling Point: > 212 deg F; heating may release SO2

Vapor Density: 2.264 (SO2)

## .. O FIRE AND EXPLOSION DATA /

4.1 Special Fire Hazards: High temperatures may generate hazardous decomposition products including SO2 (corrosive, toxic), leaving a residue of sodium sulfide (irritant, flammable).

4.2 Fire Fighting Methods: Does not support combustion. Use water or

other agents appropriate for surrounding fire.

#### 5.0 REACTIVITY DATA /

5.1 Stability: Stable under normal conditions of handling.

5.2 Conditions to Avoid: Releases toxic SO2 gas if mixed with acids. Reacts strongly with oxidizing agents. Heating releases SO2. Incompatible with nitrites and nitrates.

# 6.0 SPILL OR LEAK PROCEDURES / USE PROPER PROTECTIVE EQUIPMENT

6.1 Cleanup: Dike or dam large spills; pump to containers or soak up on inert absorbent. Flush small amounts or residue to sanitary sewer; rinse area thoroughly.

6.2 Waste Disposal: Do not discharge unwanted product to the environment or the sanitary sewer, or mix with routine solid waste. Consult a waste broker or consult state/local authorities for

limits on chemical waste disposal.

Product: BoilerCare 1011 (TM) Page 2 of 2 Water Care Division of ECOLAB INC. 918094

MEDICAL EMERGENCY ONLY, 24 HOUR SERVICE:

#### 7.0 HEALTH HAZARD DATA /

7.1 Effects of Overexposure to Concentrate: Skin and Eyes: Liquid can cause irritation. If Swallowed: Moderate doses can cause gastric disturbances. Line 7.2 If Inhaled: Spray or SO2 in vapors may cause irritation, difficult

breathing, chest pain, bronchospasm. See Line 7.2 7.2 Note: Smaller doses of sulfites are only moderately toxic. However, larger doses can cause severe gastrointestinal disturbance, even death, due to conversion to sulfate. persons, especially if asthmatic, may have allergic reaction to SO2 or sulfites, including skin rash, hives or breathing problems.

#### 8.0 FIRST AID /

8.1 Eyes: Flush immediately with cool running water. Remove contact lenses, if used, and then flush again.

8.2 Skin: Flush skin with water, then wash with soap and water.

Remove contaminated clothing and wash before reuse.

8.3 If Swallowed: Rinse mouth; then drink 1 or 2 large glasses of water. DO NOT induce vomiting. Never give anything by mouth to an unconscious person.

8.4 If Inhaled: If affected, move to fresh air; if breathing is

difficult, administer oxygen.

IF SWALLOWED, CALL THE ECOLAB EMERGENCY NUMBER IMMEDIATELY (1-800-328-0026); IN CASE OF PERSISTENT EYE OR SKIN IRRITATION, CALL A POISON CONTROL CENTER OR PHYSICIAN

#### 9.0 PROTECTIVE MEASURES /

9.1 Eyes: Wear safety glasses with side shields. If fumes are a problem, use splash goggles.

Skin: Wear rubber gloves (any synthetic or natural rubber type). Wear coveralls or long sleeves and long pants.

9.3 Respiratory: Avoid breathing fumes. If nuisance fumes are a problem fumes, use a respirator approved by NIOSH for acid gases.

9.4 Note: Access to an eyewash station and emergency shower are recommended.

## 10.0 ADDITIONAL INFORMATION/PRECAUTIONS /

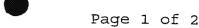
10.1 Keep container closed when not in use. Protect product from excessive heat. Do not use this product in unventilated or confined spaces. Handling this product in unventilated or confined spaces may cause suffocation leading to death.

10.2 Purpose of 11/10/97 issue: Edit lines 1.1 and 3.5.

KEEP PRODUCT OUT OF REACH OF CHILDREN The above information is believed to be correct with respect to the formula used to manufacture the product. As data, standards and regulations change, and conditions of use and handling are beyond our control, NO WARRANTY, EXPRESS OR IMPLIED, IS MADE AS TO THE COMPLETENESS OR CONTINUING ACCURACY OF THIS INFORMATION.

83505

#### *MATERIAL SAFETY DATA SHEET*



MEDICAL EMERGENCY ONLY, 24 HOUR SERVICE: 1-800-328-0026

Tater Care Division of ECOLAB INC.

Product Information: 1-800-75-WATER Date of Issue: November 10, 1997 رز 70 Wabasha St. St. Paul MN 55102

#### 1.0 IDENTIFICATION /

1.1 Product Name: BoilerCare 1843 (TM)

1.2 Product Type: Boiler sludge conditioner

# ++ SARA 313 Toxic Chemicals, If Present, Are Preceded by "#" ++

#### 2.0 HAZARDOUS COMPONENTS /

(mg/m3)

2.1 Potassium hydroxide (caustic potash) 1310-58-3 5 - 10

STEL = 15 Minute Average PEL = OSHA 8 Hour Average in Air  $\underline{C}$  = Ceiling Limit in Air; Do Not Exceed

#### 3.0 PHYSICAL DATA /

3.1 Appearance: Dark brown liquid

3.2 Solubility in Water: Mixes with water in all proportions.
3.3 pH: Over 12.5 (100%)

- 3.4 Initial Boiling Point: Over 212 deg F
- 3.5 Specific Gravity: 1.14 1.16

#### 4.0 FIRE AND EXPLOSION DATA /

1.1 Special Fire Hazards: None

... 2 Fire Fighting Methods: Does not support combustion.

#### 5.0 REACTIVITY DATA /

5.1 Stability: Stable under normal conditions of handling.

5.2 Conditions to Avoid: Avoid contact with acids or soft metals such as aluminum or zinc.

#### 6.0 SPILL OR LEAK PROCEDURES / USE PROPER PROTECTIVE EQUIPMENT

6.1 Cleanup: Dike or dam large spills. Pump to containers or soak up on inert absorbent. Flush residue to sanitary sewer.

6.2 Waste Disposal: Unused product is RCRA Corrosive (D002). Consult state/local authorities for limits on chemical waste disposal. Do not sewer unused product or include with ordinary solid waste.

Product: BoilerCare 1843 (TM) Page 2 of 2 Water Care Division of ECOLAB INC. 923235

MEDICAL EMERGENCY ONLY, 24 HOUR SERVICE: 1-800-328-0026

7.0 HEALTH HAZARD DATA / DANGER

7.1 Effects of Overexposure to Concentrate:

Skin and Eyes: CAUSES SEVERE CHEMICAL BURNS. Eye contact may cause blindness. Harmful contact may not cause immediate pain.

++ Immediate water flushing is vital in case of eye contact. ++

If Swallowed: HARMFUL OR FATAL. Causes chemical burns of mouth, throat and stomach.

<u>If Inhaled</u>: Damages airways and lungs, depending upon amount and duration of exposure. Effects vary from irritation to bronchitis or pneumonia. People with lung problems may be more affected.

#### 8.0 FIRST AID /

8.1 Eyes: Flush at once with cool running water. Remove contact lenses. Continue flushing for at least 15 minutes, holding eyelids apart so as to rinse entire eye. CALL A PHYSICIAN IMMEDIATELY.

8.2 Skin: Immediately flush skin with plenty of cool running water for at least 15 minutes while removing contaminated clothing and shoes; discard or wash well before reuse.

8.3 If Swallowed: Rinse mouth at once; then drink 1 or 2 large glasses of water. DO NOT induce vomiting. NEVER give anything by mouth to an unconscious person.

8.4 If Inhaled: Immediately move to fresh air.

IMMEDIATELY CALL THE MEDICAL EMERGENCY NUMBER, 1-800-328-0026, A POISON CONTROL CENTER OR A PHYSICIAN

#### 9.0 PROTECTIVE MEASURES /

9.1 CONCENTRATE:

Respiratory: Avoid breathing mists or vapors of this product. Eyes: Use chemical splash goggles. For continued or severe exposure wear a face shield over the goggles.

<u>Skin</u>: Use industrial rubber gloves, other protection as necessary to avoid skin contact. Note: Access to emergency systems to wash skin and eyes is recommended.

#### 10.0 ADDITIONAL INFORMATION/PRECAUTIONS

10.1 Purpose of 11/10/97 issue: Edit line 1.1.

#### KEEP OUT OF REACH OF CHILDREN

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# OPOLITAN ST. LOUIS SEWER DISTR INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME:

PRIMARY MSD ACCOUNT NO:

Y

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL

Y

Premise Address

1465 South Grand Blvd.

St. Louis, MO 63104 1095

INDUSTRIAL USER CATEGORIZATIONS

SIU CIU Surcharge

<u>High</u> **Flow** 

4112195400

Pot Toxic No Proc Multi User Waste Flow Acct

<u>IIU</u>

Effective Date SIU Criteria

08/23/1990 Reasonable potential for adverse affect on oper

Office Mailing Address

1465 South Grand Blvd

St. Louis, MO 63104 1095

GENERAL INFORMATION

**Effective** 

03/06/1997

<u>Date</u>

MSD Base Map:

20F3

Wun: St. Louis City & Co.

Grid: H 21 Page:

Last Routine Inspection 02/07/2003 Date;

Inspector David Kupke

Next Due: 06/30/2004

Permit Issue Date: 04/30/2005 Permit Exp.Date:

10/29/1999

05/01/2000

Fabian Grabski

Last Inspection

02/07/2003 Type: RIN Date: David Kupke Inspector

Extend / Term Date

IUQ Recvd Date:

Reviewer:

Permit Writer Fabian Grabski

CONTACTS:

Auth Signature - Primary Field Contact - Primary Field Contact 1st Alt

Office Contact - Primary

Rich Cunningham **Bud Fredrick** 

Mark Stewart Rich Cunningham Director of Safety & Security Maintenance Supervisor Maintenance Mechanic

Director of Safety & Security

Office Phone Office Phone Office Phone (314) 268-4117 Ext (314) 577-5327 Ext (314) 268-2771 Ext

(314) 268-4117 Ext Office Phone

OPERATIONAL INFORMATION

Work Days / Week: Employees: Shifts / Day: Hrs. of Operation:

7 1,350 3 24 NON-SEWERED WASTE

Shift No. No. of Emp. **Shift Start Time** 08:00 AM 1 600 2 400 04:00 PM 350 12:00 AM On-Site Storage:

8 N On-Site Disposal: N Off-Site Disposal:

Shift Duration

8

8

Other Agencies EPA - Hazardous Waste Program MDNR - Hazardous Waste Program **Nuclear Regulatory Commission** 

Permit Number MOD075904839 001310 24-00196-07

COMMENTS Cont-op, SPCCP-yes

Name change 3/14/02; SSM added to beginning of name. FG

PRODUCT & SERVICE INFORMATION

SIC DESCRIPTION

8069 Specialty Hospitals, Except Psychiatric

Raw Materials / Processes:

N/A

Products / Services:

Service: general hospital

WATER CONSUMPTION AND WASTEWATER DISCHARGE

> Sewer Accounts 4112195400

1	Start Date:	09/01/2001	End	Date =	01/31/2003	Wdays	Cdays		annonnen er
I	Acct No.				Consumption			Disc	charge
	4112195400			CCF's	Gallons			Gal / Wday	Gal / Cday
	07	/25/2001 10/	31/2001	10,978	3	99	99		
	11	/01/2001 02/	12/2002	5,984	ļ	104	104		
	02	/13/2002 04/	19/2002	9,536	5	66	66		
	04	/20/2002 07/	/23/2002	16,977	1	95	95		
	RF 0.79	Acct. Total		43,475	32,521,561	364	364	70,583	70,583
		Facility Tot	tal	43,475	5			70,583	70,583

Report No. ECIM012A 02/20/2003 Data Date & Time

02/20/2003

2:33:53PM 2:33:54PM Page 1 of 2

Modification Date 02/20/2003 Modification Time 2:33:35PM

# ROPOLITAN ST. LOUIS SEWER DISTI INDUSTRIAL DATA SHEET - FACILITY INFORMATION

**INDUSTRY NAME:** 

SSM CARDINAL GLENNON CHILDREN'S HOSPITAL

Premise Address

1465 South Grand Blvd.

St. Louis, MO 63104 1095

SEWER CONNECTION INFORMATION

PRIMARY MSD ACCOUNT NO:

LATERAL NO:

01

**Lateral Type** 

DS MH 20F3 350C Treatment Area Bissell Point

Trunk Sewer Old Mill Creek

Sanitary Or Combined **Description** Line from building northwest to Vista Av.

4112195400

001

Sewer Route West on Vista to 39th St, continuing West to 9' relief sewer then North to trunk.

SAMPLE POINT TYPE. Ordinance

NPDES Outfall No:

N/A

**<u>Description</u>** MH on sidewalk S of Vista Ave., E of overhead walkway, Flow from SE

RUD **Effective Date Process Description** Quantity Unit **Discharge Components** GPD 02/07/2003 44,000 Staff, patients and visitors Sanitary 700 **GPD** Non Contact Cooling Water **GPD** D 1,630 Boiler Blowdown 1,630 **GPD** D Cooling Tower Blowdown 30,000 **GPD** D Hospital Waste Laboratory services, dietary, housekeeping

TOTAL QNTY:

77,960

PRETREATMENT TYPES

SPN Pretreatment Description

Electrolysis

001

<u>SPN</u> 001

Phenol

**Pretreatment Description** 

Grease Trap

<u>SPN</u> 001

Pretreatment Description

Metallic Replacement

PRIORITY POLLUTANTS

Pollutant Description

KP 2,4-Dinitrophenol Methylene Chloride

Status KP

Pollutant Description Chloroform

Status ΚP ΚP

Pollutant Description Mercury (Total) Silver (Total)

**Status** KP KP

EXTRA STRENGTH SURCHARGE INFORMATION

**Certification / Recertification Date** 

II

Modification Date 02/20/2003

Modification Time 2:33:35PM

For Account Number Selecte Located at

**ECIMS FACILITY CONTACTS** SSM CARDINAL GLENNON CHILDRE 4112195400

1465 South Grand Blvd.

St. Louis

MO 63104-1095

Address	Type
---------	------

Contact Type	Contact Name	Contact Title	Phone Type	Number	Ext.
Office Mailing Address				350 code con contract contract con contract	990000000000000000000000000000000000000
Auth Signature - Primary	Rich Cunningham	Director of Safety & Security	OFF	(314)268-4117	
Auth Signature 1st Alt	Bud Fredrick	Maintenance Supervisor	OFF	(314)577-5327	
Office Contact - Primary	Rich Cunningham	Director of Safety & Security	OFF	(314)268-4117	
Office Contact 1st Alt	Dodie Purcell	Risk Manager	OFF	(314)577-5600	
Premise Address					
Field Contact - Primary	Bud Fredrick	Maintenance Supervisor	OFF	(314)577-5327	
Field Contact 1st Alt	Mark Stewart	Maintenance Mechanic	OFF	(314)268-2771	
Field Contact 2nd Alt	Jack Mitchell	Maintenance Mechanic	OFF	(314)577-5600	

1

# **ECIMS** RT OF FIELD SAMPLING REQUIREMEN

ST

CITY

Account No Entered 4112195400

## SSM CARDINAL GLENNON CHILDREN'S HOSPITAL ZIP

Premise Address SPN 1465 South Grand Blvd. St. Louis МО 63104109 06/30/2004 End Date Sample Type IM = IPD - Company - MSD 001 Frequency Poll Code **Pollutant Description** Biochemical Oxygen Demand (5 Da Once/year Comp-Time 04 Hrs T208000 Comp-Time 04 Hrs T213000 Chemical Oxygen Demand Once/year Grab T234000 Oil and Grease (Total) Once/year рΗ Grab T237000 Once/year Grab T247000 Temperature Once/year Comp-Time 04 Hrs **Total Suspended Solids** Once/year T256000 Comp-Time 04 Hrs 2,4-Dinitrophenol Once/year T283000 Grab Once/year T332000 Chloroform Grab T371000 Methylene Chloride Once/year Comp-Time 04 Hrs T388000 Phenol Once/year T393000 Silver (Total) Once/year Comp-Time 04 Hrs T999000 **Total Toxic Organics** Once/year Grab

		METROPOLITAN ST. LOUIS SEWER DISTRICT	
		INDUSTRIAL FACILITY REINSPECTION REPORT # JOHN	
Compan	551	INDUSTRIAL FACILITY REINSPECTION REPORT HUMBY CARDINAL FRONT HUMBY CARDINAL FRONT #: 4112195	1-70
		ress: 1165 South Grand Old Zip Code: Cit	104
Lact T	nenect	sion Date: $0/0/0$	+
		es: SIU CIU Surcharge Potential Toxic Waste	
		Non-Toxic Waste No Process Flow Multi User II	- [U
Compar	u Renr	resentative: John Neganmillar	
Title:	A A	25th of 16/84, & 1801,10/41 Phone #: (3/4) 260-	VII)
Others	Prese	SCHOP OF JOERHY & BRUNHY PHONE #: 13/4) 261- ent: Jack MUCHBI - Maintenance Mechanic	
Inspec	ctor:	David Kupka	
_	CTION D	11/1	1001, 40m
			/
NOTE:	ALL IT	EMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION. ANSWER	S ARE BASED
	ON INE	FORMATION PROVIDED BY COMPANY DURING INSPECTION, AS WELL AS INFORMATION	JN IN FILE.
***	ECIMS	ALSO UPDATED WITH APPROPRIATE CHANGES - USING THE ABOVE INSPECTION	DATE ***
1.	ARE TE	HERE ADDITIONAL ACCOUNT NUMBERS?	Yes No
		them, note any changes & reasons:	
2.	· ·	SS & CLEANUP/WASHDOWN: Water Frequency of Liption Cant/Batch used? <i>discharge</i> Sa	ample pt.
		ption Cant/Batch used? <u>discharge</u> So	Jp 00/
			/
3.	ARE THA.	HERE ANY FEDERALLY REGULATED (40 CFR 405-471) OPERATIONS?  If yes, list reg. & describe (including any discharge):	Yes No_
	71.	11 yes, 11st 1eg. a deserting (2001)	
			7
4.		CATEGORICAL WASTEWATER COMBINE WITH NON-CAT. WW PRIOR TO SAMPLING?	Yes_ No <b>↓</b>
	A. B.	At which points? Is it correct?	Yes No
	C.	If no, what is the correct factor & explain change?	
5.	IS ANY A.	Y WASTEWATER SUBJECT TO PRODUCTION OR MASS BASED STANDARDS?  At which points?	Yes No_
	В.	Since calculation of the current limits, has the long term average	37 -
	C.	production rate or discharge volume changed by 20% or more?  If yes, explain?	Yes No
			Yes No
6.	ARE AN	NY RADIOACTIVE MATERIALS HANDLED?  Describe operations & disposal:	Yes V No
	B.	Does company have MSD authorization to disposal to sewer?	Yes No_
	C. D.	Date of authorization:  Has company exceeded the approved quantity?  Annual amt approved:  Jordan	Yes No J
	E.	If yes, explain:	
7.	DOES I	WATER USE APPEAR EXCESSIVE?	Yes No
	A.	Explain how verified & needed changes: lowfol take life. If Villa be	NOTE MOTEL
		Whater Maries - Differy, Know, I borostory, Jantery, WCCL	- JND-0 MANIN
		1	(08/01)

MSD 036301

8.		OMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS STATE INSPECTION OR WITHIN THE LAST 12 MONTHS?	INCE		Yes	No V
	A.	If yes: Pollutant When	Sample Points	Is problem r	resolvec	
	В.	Comments:				
9.		OMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMINARY INSPECTION OR WITHIN THE LAST 12 MONTHS?  If yes:  Pollutant When	ITS SINCE Sample Points	NA Is problem r yes/no - de		, No 1?
	В.	Comments:				
10.	HAVE S	THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST Upsets? Bypasses of pretreatment : Spills? Slug discharges? Explain any marked:	facilities?	?	Yes	№√
					v /	
11.	ARE AND A. B. C.	Which solvents? Phona Methy one Change What used for? Languating Allifa Wiff	ACBLONE,	ringical ofmil	Yes V	No
12.	A. If	COMPANY HAVE ANY SPILL, SLUG OR SOLVENT MANAGE yes: SMP? Last Title 413/433 Update Aroun Matrial Language Transport	EMENT PLANS Copy in fi (Only get S	ile? Update	Yes <u>v</u> needed? n if yes	
13.	COULD MATER: A.	SPILLS OR LEAKS OF STORED CHEMICALS, WASTES IALS EASILY REACH SANITARY SEWERS OR STORM DI If yes, what needs to be done?	RAINS?		Yes	No <u>V</u>
	В.	If no, how are they controlled?				
14.	ARE EN A. B.	MERGENCY NOTIFICATION PROCEDURES POSTED? Are MSD contacts listed? If no to either, describe how handled:			Yes Yes	*****
15.	IS COM	MPANY <u>REQUIRED</u> TO SELF-MONITOR ANY OF THEIR IS IT IS	$\sqrt{}$ or oth	ner document_	Yes <u>V</u>	No
	B. C. D. E.	If other document, date & description: How frequently are sampling & reports requi- Have reports been on-time, complete, & signed If no, explain: dant report only, lake reports	red? Qual	ALLIGA		No_

16.	IS COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO SUBMIT COMPLIANCE SCHEDULE REPORTS? A. If yes, type and date:	YesNo_
	B. Have the reports & actions been on-time & complete? C. If no, explain:	YesNo
17.	DOES MSD CATEGORY NEED TO BE REVISED?  A. Indicate correct categories:  SIU CIU Surcharge Potential Toxic Waste  Non-Toxic Waste No Process Flow Multi User IIU  B. Explain changes:	Yes No_↓
18.		DJ(y/n)
	SAMPLE POINTS SP No. Ool Fed. Reg. Components: NCW, Jantany, Holpital WANTA	
	SP No. Fed. Reg. Components:	
	SP No. Fed. Reg. Components:	-
	SP No Fed. Reg Components:	
	SP No. Fed. Reg. Components:	
19.	UNSAMPLED DISCHARGES? (list each lateral separately) 1. 2.	YesNo_
	3.	Yes V No
20.	WERE ALL SAMPLE POINTS OPENED AND INSPECTED?  A. If any SPs cannot be located or opened, explain:	
	B. If any SP descriptions need to be changed, explain:	
21.	REVIEW THE SAMPLE POINT MAP!  A. Are all sample points correctly located & identified?  B. Is the map correct and accurate in all its details?  C. If no to A or B, what changes are needed?	Molity Helikod Jest Not January Not January Not
USE :	THIS SPACE FOR ANY OTHER COMMENTS/OBSERVATIONS PERTINENT TO YOUR INSPECTION O	
Cons	truction how begun to place more Hospital boar to clinic adjace	But to the
1467	Il brond Facility. Completion expected in approximately 2 years.	As part of
the	Vinic there will be some X-ray operation. Currently there are	DE ELYNPINH
	of a point from this brilding, it appears they are building the	
<u></u>		



# Metropolitan St. Louis Seven District

Office of Environmental Compliance 10 East Grand Avenue St. Louis, MO 63147-2913 (314) 436-8710 FAX (314) 436-8753

February 10, 2003

John Hogenmiller
Director of Safety & Security
SSM CARDINAL GLENNON CHILDREN'S HOSPITAL
1465 South Grand Boulevard
St. Louis. MO 63104

RE: I

NOTICE OF PERMIT VIOLATIONS

Discharge Permit No: 41121954-00

For premise at: 1465 South Grand Boulevard

Dear Mr. Hogenmiller:

Under the terms and conditions of the above referenced permit, you are required to self-monitor the discharge at the identified sampling point. Monitoring is to be performed for the parameters listed and at the frequency specified in the permit. The results are to be reported quarterly. Your report for fourth quarter of 2002 was due by January 28, 2003.

#### **VIOLATIONS OF PERMIT TERMS/CONDITIONS:**

The fourth quarter self-monitoring report has not been received by the District. This is in violation of permit standard condition I.A.1 which requires sampling and analyses for all regulated substances at the frequencies specified at your sampling point. Since no report was submitted, you did not satisfy the fourth quarter's reporting requirements.

Please note that even if sampling and analytical requirements can not be met, the report should still be submitted with all applicable certifications completed. The violation will then be recorded as an incomplete report rather than "no report".

#### REQUIRED ACTION/RESPONSE:

Submit the fourth quarter 2002 report with the applicable certifications completed, any available fourth quarter self-monitoring data, and a report of corrective actions, which you have initiated, to ensure that the reporting requirements will be met in future reporting quarters.

Failure to perform the monitoring and reporting requirements of your permit places your company in Significant Noncompliance (SNC), as defined in District ordinance 8472 and federal pretreatment regulations 40 CFR 403. SNC companies are subject to enforcement action by the District. At a minimum, the District is required to list SNC companies in an annual newspaper publication.

Please submit your fourth quarter report and corrective action response by March 10, 2003.

If you have any questions, please contact me at 436-8756.

Sincerely,

METROPOLITAN ST. LOUIS SEWER DISTRICT

Fabian T. Grabski Assistant Engineer

pc: Suspense file

cc: Douglas Mendoza Permit file

MSD 036304

MSD

From:

Doug Mendoza

To:

Sue Whitener

Date:

11/1/01 12:21PM

Subject: HOSPITAL OEC REVIEW OF PLANS FOR P-14741-01 SSM CARDINAL GLENNON CHILDREN'S

We have completed our review of the above plans for expansion of the facility. Per the Engineering Requirements, the sampling tees shown on the plans should be replaced with sampling manholes. However, If manhole M is a terminal manhole, and there are no off-site flows into the line between manhole M and manhole K, then manhole K could be used as a sampling point instead. We will just need confirmation from the company.

# METROPOLITAN ST. LOUIS SEWER DISTRICT

Doug Mendoga	DATE 10 29 01 SUBJECT P-14741-01
MESSAGE U. A. Ll. O/a. a	
eyan sion	for building + parking lot
SIGNED	man 1. 10) bestren
REPLY	
South , cont	
SIGNED	DATE /

# **ENVIRONMENTAL COMPLIANCE**

#### DEPARTMENT MEMO

TO:

Cardinal Glennon Hospital File

ACCT#:

41121954-00

FROM:

J. Goodall A

DATE:

9/17/2001

RE:

Building 1505 removal

During the review of a 9/6/01 billing change report, I found that two accounts have been closed. The accounts, 41122163-01 and 41122164-00, were for a building address at 1501 and 1505 S Grand. This building discharged to SP003. I verified the building was razed during an inspection across the street at St Louis University Medical School. I have removed MSD sampling requirements from ECIMS. The permit unit will need to inactivate the sample point. I have also revised the sample point map.

REPORT BBL205.01 RUN 09/06/01 TIM		METROPOL ILLING CHA	ITAN ST LOUIS SEWER DISTRICT NGES FOR PRETREATMENT SYSTEM		PAGE 00011
0LD:	BILLING NAME AND ADDRESS	BILLING AREA	C RATE Y TYPE ACCOUNT REDUCT C ACCOUNT STATUS PERCE!	ION ON OFF	LAST CHANGE B F DATE O
O 41122164 00 ¢CA	ARDINAL GLENNON HOSPITAL 505 S. GRAND BLVD LOUIS MO 631041303	MISSIP	4 COMMERCIAL ACTIVE	08/08/83 00/00/00	08/14/01
ACCOUNT STATUS	S CHANGE				
N O16	005 S GRAND BLVD LDUIS MD 631041303	MISSIP	4 COMMERCIAL CLOSED	08/08/83 07/31/01	09/06/01
OLD: 41122463 OO KAT	**************************************	***********	**************************************	**************************************	**************************************
019 ST NEW: ACCOUNT NAME C WATER ON DATE BILL OWNER CHA	CHANGE			32/31/33	08/14/01
41122463 00 ¢GI 019		MISSIP	4 GDMMERCIAL ACTIVE	00/00/00 00/00/00	09/06/01 Y
	NSANTO 35 W BARTON ST LOUIS MO 631044701	MISSIP	4 COMMERCIAL CLOSED	03/22/82 03/08/84	********** O1/13/98
	NSANTO 35 W BARTON ST LOUIS MD 631044701 ************************************	MISSIP	4 COMMERCIAL CLOSED	03/22/82 03/08/84	09/06/01
OLD: 41185289 04 ¢HUI 841 SATI NEW: ACCOUNT SUFFIX	1 MID COUNTY INDUSTRIAL CT NT LOUIS MD 63114		D COMMERCIAL SUS CANCEL 08407 MID COUNTY INDUSTRIA DR ST LOUIS MO 631146009	02/26/99 08/02/01	08/15/01
ACCOUNT NAME CH ACCOUNT STATUS WATER ON DATE ( WATER OFF DATE BILLING ADDRESS	HANGE CHANGE CHANGE CHANGE				
41185289 O5 ¢MIC 8845	D COUNTY REALTY LLC		D COMMERCIAL SEP 08407 MID COUNTY INDUSTRIA DR ST. LOUIS MO 631146009	08/30/01 00/00/00	09/05/01

METROPOLITAN ST. LOUIS SEWER DISTRICT

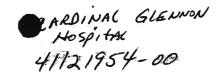
REPORT BBL20 RUN 09/06/01	05.01 1 TIME 21-08		METROPOL BILLING CHA	ITAN ST LOUIS S NGES FOR PRETRE	WER DISTRICT ATMENT SYSTEM	1	7	PAGE 00010
******	BILLING NAME AND A	DDRESS	BILLING AREA *******	C Y TYPE C ACCOUNT	ACCOUNT STATUS	RATE WATER REDUCTION ON PERCENT DATE	WATER OFF DATE	LAST CHANGE E DATE (
OLD: 41120412 01 NEW:	¢MONSANTO CO OO127 W BARTON ST LOUIS	ST MD 631044701	MISSIP	4 COMMERCIAL	CLOSED	05/03/82	06/29/90	09/10/90
41120412 01	¢MONSANTO CO OO127 W BARTON ST. LOUIS	ST MD 631044701	MISSIP	4 COMMERCIAL	CLOSED	05/03/82	06/29/90	09/06/01
**************************************	CHOPEWELL CENTER O1500 S GRAND	MD 631041304	*********** MISSIP	**************************************	************ ACTIVE	**************************************	00/00/00	08/14/01
	DRESS CHANGE  #HOPEWELL CENTER  01500 S GRAND  ST LOUIS	MD 631041304 MD 631041304	MISSIP	4 COMMERCIAL	ACTIVE	03/16/99	00/00/00	09/06/01
OLD:	¢WILLERT HOME PRODUC	**************************************	MISSIP	4 COMMERCIAL	**************	**************************************	******** 00/00/00	********** 08/14/01
ACCOUNT ST WATER OFF	ATUS CHANGE DATE CHANGE	TS AVE MD 631102318	MISSIP	4 COMMERCIAL	SUS CANCEL	04/25/86	01/31/01	09/06/01
OLD: 41122169 01 NEW:	¢CARDINAL GLENNON ME O1501 S GRAND ST. LOUIS	M HOSPITAL AVE MO 631041303	MISSIP	4 COMMERCIAL	ACTIVE	**************************************	*********	*********** 08/14/01
ACCOUNT STA WATER OFF (	ÄTUS CHANGE DATE CHANGE CARDINAL GLENNON MEI O1501 S GRAND		MISSIP	4 COMMERCIAL	CLOSED	08/19/81	07/31/01	09/06/01
	ST. LOUIS	MO 631041303						

# METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL FACILITY SHORT INSPECTION REPORT

Company: CARDINAL GILENNON CHILDRENS HOSPITAL	
Premise Address: 1465 & 1505 S. GRAND BLVD Zip Code: 65	3/04
Mailing Address: 1465 S. GRAND BLVD Zip Code: C	,3/04
Account #: 4/12/954-00 Current MSD categ	ory: 49
Inspection Contact Person: KEVIN Julius	
Title: DIRRETOR OF SAFETY & SECURITY Phone #: 314-26	8-4117
Others Present: Novk	
Inspection Date: $1/3/0/$ Time of inspection: From $9/4$	n To 10 m
Inspector: John SCANGA Reinspection Initial Ins	
References used: IUQ Date: 10/29/99 IDS Date: 12/18/00 Permit Date:	5/1/00
NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPEC	CTION
1.2/-2	
Date of Last Inspection: 1/27/00	
1. HAS FIELD CONTACT CHANGED?  New contact name and title:	Yes_ No_
2. HAS EMPLOYEE NUMBER CHANGED? New Number:	Yes No
3. HAVE SHIFTS OR DAYS PER WEEK CHANGED? New Shifts: New Days per Week:	Yes_ No_
4. HAVE THERE BEEN ANY CHANGES IN PROCESSES OR RAW MATERIALS?  A. If yes, what?  B. Affect which sample points?	Yes_ No_
5. HAVE THERE BEEN ANY CHANGES IN TYPES OF PRODUCTS PRODUCED?  A. If yes, what?  B. Comments:	Yes_ No_
6. HAVE THERE BEEN ANY CHANGES IN WASTEWATER QUALITY OR QUANTITY? A. If yes, what? B. Affect which sample points?	Yes No
C. Is surcharge status affected (add, remove or change)?	Yes_ No_
<ul> <li>D. Is return factor status affected (add, remove or change)?</li> <li>E. Is SIU status affected (process discharge &lt;&gt; 25000 GPD)?</li> <li>F. If yes to C, D or E explain:</li> </ul>	Yes No Yes No
7. ARE THERE ANY GREASE TRAPS OR OIL INTERCEPTORS?  A. Food wastes? Affected sample points:  B. Petroleum wastes? Affected sample points:  C. Frequency of cleaning: ONCK MONTH	Yes_No_
D. Are cleaning logs kept?  E. How is oil/grease disposed? **Anulfo # Site	Yes_No_
Description exist discharge discharged  Silver Recovery Exist Intermittent-Daily Services	
GREAGE TRAPS RXIST TATERMITTENT-DAILY	00/
Comments: GRABSE TRAP PM OR Monthly	

9.	ARE ANY SOLVENTS USED?  A. Which solvents? Mhthylank Chlorion Endin Phank Alchols  B. What used for? Sudgent 1001 Elfaving, Antiskettic classing  C. How disposed? Laulto gf Sitte	YesNo
10.	ARE ANY WASTES GENERATED WHICH ARE NOT DISPOSED TO THE SEWER?  A. If yes, what non-haz. wastes?  B. If yes, what hazardous wastes?  C. How disposed?  D. MDNR and/or EPA hazardous waste generator No.:  E. If yes to B and no HW#, explain why:	YesNo
11.	COULD SPILLS OR LEAKS OF STORED CHEMICALS, WASTES OR PROCESS MATERIALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? A. If yes, what needs to be done?	Yes No
12.	HAVE THERE BEEN ANY CHANGES TO SOLVENT MGT, SPILL CONTROL OR SLUG DISCHARGE CONTROL PLANS? A. If yes, explain:	YesNo
13.	ARE EMERGENCY NOTIFICATION PROCEDURES POSTED?  A. Are MSD contacts listed?  B. If no to 13 or 13A, describe how handled:	Yes No Yes No
14.	HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION?  A. Upsets? Bypasses of pretreatment facilities? Other?  Spills? Slug discharges? Other?  B. Explain any marked:	Yes_ No_
15.	ARE THERE ANY FEDERALLY REGULATED (CATEGORICAL) OPERATIONS?  A. If yes, list reg. & describe (including discharge):	YesNo
16.	DOES CATEGORICAL WASTEWATER COMBINE WITH NON-CAT. WW PRIOR TO SAMPLING?  A. List the category & its WW components:  B. List the non-cat. WW components:  C. At which points?  D. Is the Combined Wastestream Formula (CWF) applicable?  E. If no, explain:  F. If yes, what is the currently applied factor?  G. If yes, is the correct factor currently applied?  H. If no, explain:	Yes_ No_ Yes_ No_ Yes_ No_
17.	IS ANY WASTEWATER SUBJECT TO PRODUCTION OR MASS BASED STANDARDS?  A. List the applicable category:  B. At which points?  C. Since calculation of the current limits, has the long term average production rate or discharge volume changed by 20% or more?	Yes_ No_ Yes_ No_
18.	D. If yes, explain:  HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE  THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS?  A. If yes:  Pollutant When Points yes/no - de  B. Comments:	escribe

19.			D CATEGORICAL PRETREATMENT LI OR WITHIN THE LAST 12 MONTHS When	? Sample		
				THE CONTRACTOR OF THE CONTRACT		D
				***************************************		
	B.	Comments:				
20.	IS CO A. B.		TO SELF-MONITOR ANY OF THEIR rement is contained in permitment, date & description:			
	C. D. E.	How frequentl Have reports	y are sampling & reports requirement, date & description:  y are sampling & reports requirement been on-time, complete & sign n:	ired?@ ed by prope	nWTERLY er person?	Yes / No_
21.	OR R	EQUIREMENTS TO	Y ENVIRONMENTAL ENFORCEMENT OF SUBMIT COMPLIANCE SCHEDULE RE	PORTS?		Yes_ No_
	A. B. C.	Have the repo If no, explai	and date: rts & actions been on-time & n:	complete?		Yes_ No_
22.	DOES A. B.	COMPANY HAVE A If yes, is co Approval date	NY ON-SITE "SPECIAL DISCHARGE NY HAULED WASTE APPROVALS? mpany in compliance with requ : Length	irements?		Yes No V Yes No V
23.		Comments:SD CATEGORY COR				Yes / No_
	в.		ategory be?			
24.	IS C	OMPANY AN SIU?				Yes 🗸 No
	A.	If yes, why?_	***************************************		·	
25.	WERE A.	ALL SAMPLE POI	NTS OPENED AND INSPECTED? nnot be located or opened, ex	plain:		Yes_No_
	В.	If any SP des	criptions need to be changed,	explain:		
26.	REVII A. B. C.	Are all sampl Is the map co	OINT MAP! Last map revelopment of the contract	identified?	2/7/00	Yes No_ Yes No_
USE T	THIS SE	PACE FOR ANY OTH	er comments/observations perting that will back the start will back the start will be started by the start will be started by the started by	NENT TO YOUR	R INSPECTION O	F THIS SITE.
nve	<u> </u>	on curryr	<u>, , , , , , , , , , , , , , , , , , , </u>			
			P. A. W. J. V. W.		Militar Marketin Marketin Marketin programme programme de la constitució de la constitució de la constitució d	
agamentotapophotos			Paul von voluk von van van van von von von von von von von von von vo			
*****************	- <del> </del>					



- 3. Shall be familiar with the location and understand the information on the Material Safety Data Sheets. (MSDS)
- 4. Shall stay aware that each employee has a Right To Know about hazards in the work place.

# TABLE OF POTENTIAL CHEMICAL HAZARDS BY TYPICAL LOCATION

Potential Hazard	Location	Potential Hazard	Location
Asbestos	Facility Wide	Xylene, Benzene	Pathology, Cytology
Anesthesia Agents	Operating	Mercury	Patient Care Areas
Nitrous Oxide	Room Post		Bio-Medical
Enflurane	Anesthesia		Laboratory, Central
Isoflurance	Care Units		Dispatch
Halothane Acids, Caustics			Lab, Engineering
Ethylene Oxide	Central, Dispatch	PCB's, Compressed Gases & Solvents	Maintenance, Respiratory Therapy, Patient Care Areas, Central Transport
Glutaraldehyde	Operating Rooms, Special Procedures, GI Lab, Respiratory Therapy	Antineoplastics and Cytotoxic Agents	Pharmacy, Oncology, IV Therapy, Patient Care Areas
Formaldehyde	Labaratory, GI Lab, Histology, SurgiCenter O.R., Pathology, OR		Patient Care Areas
Solvents	Laboratory		-
Alcohols	Histology		

^{*} In 1994 OSHA added aerosols and powdered drugs to the hazard list. MSDS must be kept for all such drugs.

#### **Routes of Entry**

Toxic substances may enter the body by:

<u>Inhalation</u> - Inhalation of toxic vapors, mists, gases, or dusts can produce poisoning by absorption through the mucous membranes of the mouth, nasal passages, throat, and lungs. This route of entry is generally the most common route of entry in work place environments.

<u>Ingestion</u> - Many chemicals used in the laboratory and other hospital departments are extremely dangerous if they enter the moth and are swallowed. Eating, drinking, or smoking should not be permitted in work areas where the potential for contamination of food, drink, or smoking materials with toxic substances exists.

Injection - The equivalent of purposeful injection of toxic agents can occur through mechanical injury with contaminated glass or metal — a cut. For example, injection of liquid RECEIVED

4

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#### Chemical Spill Plan

#### I. Purpose

To provide written criteria and guidelines for a systematic internal response to chemical spills occurring within Cardinal Glennon Children's Hospital through the establishment of a chemical spill response team who's sole function is to <u>control</u> and <u>contain</u> a chemical release until assistance from outside Hazardous Materials agencies arrive.

#### II. Spills

- (A) Small Spills (Small spill takes less than five minutes to clean, following instructions on MSDS.)
  - 1. Clean up where spill occurs.
  - 2. Call Environmental Services at ext. 1533 or beep supervisor on duty.
- (B) Large Spills (Large spill takes more than five minutes to clean, following instructions on MSDS.)
  - 1. Contain area.
  - 2. Call Security at ext. 1911
  - 3. Stay in area.

#### II. Responsibilities for Spill Response

#### (A) Observer

- 1. Evacuate and secure immediate area of spill.
- 2. Attend to immediate First Aid needs.
- 3. Notify Switchboard Department of emergency situation.
- 4. Remain at observer station until spill response personnel arrive.

#### (B) Switchboard

- 1. Activate Internal Spill Response Notification by paging hazardous materials members.
- 2. Assure Commencement of response activities by contacting Facilities Management, Security and the Hazardous Materials Coordinator directly by telephone, radio or pager.

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- (C) Spill Response Coordinator (SRC) Hazardous Materials Coordinator
  - 1. Establish Command Post, direct operation, coordinate outside agencies and hospital personnel at the site of the spill.
  - 2. Notify the fire department (if deemed necessary) and act as the liaison with outside assisting agencies.
  - 3. Notify Administration, Safety Manager and the Fire Department in the event of major spills possessing serious health, environment or safety concerns.
  - 4. Complete the Chemical Spill Report Form for Hazardous Materials Coordinator for tracking and trending.
- (D) In case of large chemical spill (any spill that takes longer than five minutes to clean up) notify Security at extension 1911; Security shall first notify the fire department, followed by notifying the switchboard who shall notify hazardous materials members by way of pager and/or radio:

Name

Sally Cowan, RN Kevin Julius

Rick Schilling

Deborah Arbogast

Josh Bates

<u>Department</u>

Emergency Room Safety/Security

**Facilities** 

Risk Management

**Environmental Services** 

These members will respond to provide facility information and act as the liaison between the fire department and Hazardous Materials Team.

- (E) Spill Response Support Security
  - 1. Notifying hazardous materials members of large spill by way of pager/radio.
  - 2. Responsible for establishment of isolation distance and crowd control.

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#### (F) Environmental Operations

- 1. Responsible for Industrial Hygiene monitoring following spill clean up to assure safe re-entry for unprotected personnel.
- 2. Written notification to regulatory agencies as required when and outside release of chemical in Reportable Quantities occurs.

#### (G) Environment of Care Committee

- 1. Evaluates and reviews spill response actions for timeliness and appropriateness.
- 2. Recommends implementation of alternate Spill Response Actions, if deemed necessary.

### (H) Administration/Marketing Services

1. Assures appropriate media response and clarification in the event of press or media exposure.

#### **Action Plan**

- A. Identify the character, exact source, amount and extent of any hazardous material which has been spilled or discharged.
- B. Notify local Hazardous Materials Team (fire department) by dialing 9911, for assistance in clean up measures. Notify Wellington Environmental at (314) 644-4930 (24HR answering service) if the fire department determines it is necessary, for proper clean up.
- C. The primary function of the Spill Response Coordinator and the hazardous materials members is the establishment of a command post. At the command post, the hazardous materials members are expected to act in liaison capacity with all spill responders, observers, spill support staff and outside agencies. The intent of internal spill response is to control major spills until outside help arrives.
- **D.** Small internal clean up measure must commence in an orderly, well-directed fashion. Refer to the MSDS for the specific spill procedures of individual chemicals.
- E. The contracted hazardous materials team shall assess possible hazards to human health or the environment that may result from chemical discharge, fire, or explosion. This assessment shall consider both direct and indirect effects of the incident. If

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the hazardous materials team determines that the facility has had an <u>outside</u> chemical release, in Reportable Quantity (RQ) which could threaten human health or the environment, the spill response coordinator shall notify the following agencies:

- 1. Dept. of Natural Resources (314) 822-0101
- Missouri Emergency Response Commission (MERC)
   1 (800) 780-1014
- Local Fire Department (314) 289-1900
- 4. Local Emergency Plan Commission (LEPC) (314) 622-3391
- F. During a chemical spill, the contracted hazardous materials team shall take all reasonable measures necessary to assure safe chemical spill clean-up operations and ensures that fires, explosions, and discharges do not occur, recur or spread to other hazardous materials within the facility. These measures must include, where applicable, stopping operations, collecting and containing released waste, removing or isolating container, working in conjunction with security to assure area evacuation measures, proper isolation and establishment of decontamination (2) ones.
- G. If evacuation of a department or area is necessary due to a chemical spill or leak, re-entry by persons without appropriate respiratory protection will not be permitted until the area has monitored and determined safe for re-entry by the Fire Department or the Hazardous Materials Team.
- H. Immediately after a chemical spill, the Hazardous Materials Coordinator shall provide for treatment, storage, or disposal of recovered waste, contaminated soil or polluted surface waters.
- I. The Hazardous Materials Coordinator shall insure that, in the affected area of the facility:
  - 1. All materials that may be incompatible with the discharge material are treated, stored or disposed of until clean up procedures are complete.
  - 2. All emergency equipment is cleaned and fit for its intended use before and after spill response.

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- J. The Hazardous Materials Coordinator must complete the Chemical Spill Report form recording the time, date and details of the incident. The report shall include but not limited to:
  - 1. Name of Medical Center and Exact location of incident.
  - 2. Date, time and type of incident.
  - 3. Chemical name and quantity of material(s) involved.
  - 4. The extent of injuries, if any.
  - 5. An assessment of actual or potential hazards to human health or the environment, where applicable.
  - 6. Assessment of the scope and magnitude of the situation.
  - 7. Description of the immediate actions that have been taken and the estimated quantity and disposition of recovered material that resulted from the incident.
  - 8. Provide assessment of measure which will prevent recurrence and improve response procedures.
- K. Cardinal Glennon Children's Hospital Basic Emergency Response Spill Plan
  - A. <u>Lines of authority and responsibility</u>: Any employee has the authority and responsibility to immediately report a spill. This is established during orientation and initial department training.
  - B. Response Actions:

Remove people from the area. (Awareness Level Training)

Sound the alarm by notifying your supervisor, manager or person responsible for spills within your department. If this fails then call PBX and seek support from the Nurse Supervisor, Maintenance, Housekeeping or Security. (Awareness Level Training)

Confine the spill by covering, neutralizing or following directions of the Material Safety Data Sheet as taught in department level training. this may mean covering or blocking the spill or closing the door or other confining actions. (Operations Level Training)

Extinguish the spill by applying a neutralizer or diluting as required by the material safety data sheet. (Operations Level Training)

Kevin Julius, Safety Officer

hn Dubis, Executive Lie

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Date of Initiation: 7/97

Date Reviewed/Revised: 01/98, 01/99, 01/00

00-

# METROPOLITAN ST. LOUIS SEWER DISTRICT INDUSTRIAL FACILITY INSPECTION REPORT

Compa	ny: CARDINAL GLENN	ION Chi	Idren's	Hospital		
Premi	se Address: 1465 5. (	GRAND		Zi	p Code: 6	3104
Maili	ng Address: SAME			Zi	p Code:	
Accou	nt #: 4112 1954 - 0	0		Curren	t MSD catego	ory: 49
Inspe	ction Contact Person: KE					
Title	: DIRECTOR of SAT	Ety & S	ECURIT	ty Phone	#: 294-9	550
Other	s Present: NoNE				P9 268	3-4117
Inspe	ction Date: 1/27/00	···	Time	e of inspection:	From 845 A	To 915
-	ctor: J. Goodall					
Refer	ences used: IUQ Date: 3/11/	<u>96</u> 11	S Date:	1/13/00 p	ermit Date:	9/1/96
Date	NOTE: ALL ITEMS ARE TO BE of Last Inspection: $12/28$	4	D BASED	ON EVENTS SINCE	LAST INSPEC	TION
1.	HAS FIELD CONTACT CHANGED? New contact name and title:					Yes No_
2.	HAS EMPLOYEE NUMBER CHANGED New Number:					Yes No_
3.	HAVE SHIFTS OR DAYS PER WEE New Shifts:			c:	·	Yes No
4.	ARE THE LISTED SIC'S ACCURA Note any changes & why:					YesNo
5.	ARE THERE ADDITIONAL ACCOUN	T NUMBERS? & reasons	; :: <u>4112</u>	2163-01, 4	112 2164	Yes No
6.	BATCH PROCESSES: Description			Frequency of discharge	How/where	
	NONE					
	Comments:					
7.	CONTINUOUS PROCESSES:  Description  Hospital CARE	New/ exist Exisf	Water used?	Frequency of discharge Confinuous	discharged	e is water (& which SP)? 001,003_
	Comments: MAjor Surgery	, KITCHEN	OPS,	CONFINUOUS C	EANING	
8.	CLEANUP/WASHDOWN: Description	New/ exist	Water used?	Frequency of discharge		e is water (& which SP)?
	INCLUDED Above					
	Comments:	***************************************				

9.	PRETREATMENT: Description	New/ exist	Frequency of discharge	How/where discharged(	is water & which SP)?
	SilvER RECOVERY UNITS	Exist	INTERMITTENT OF	ity SEWER	SP001
	Comments:				
10.	FOR ITEMS 6, 7, 8 AND 9: A. Is water use excessive? B. If yes to A, what needs to be	done?			Yes No
	C. Method used to verify A (attack NoRmA) for hospital	ch diagram	ns/records as ne	eded): <u>UsA</u> 9	E APPEARS
11.	HAVE THERE BEEN ANY CHANGES IN PROCE A. If yes, what? B. Affect which sample points?	ESSES OR I			Yes No
12.	HAVE THERE BEEN ANY CHANGES IN TYPE: A. If yes, what? B. Comments:	S OF PRODU			Yes No
13.	HAVE THERE BEEN ANY CHANGES IN WASTI A. If yes, what? Xuanty B. Affect which sample points?	EWATER QUI /NCREASE	ALITY OR QUANTIT	.Y?	YesNo
	B. Affect which sample points?  C. Is surcharge status affected  D. Is return factor status affect  E. Is SIU status affected (proces  F. If yes to C, D or E explain:	(add,remov ted (add, ss dischar	ve or change)? remove or chang ge <> 25000 GPI	je)? ))?	Yes No Yes No Yes No
14.	IS ANY WATER USED FOR COOLING? What does it cool  #UAC	Non-	tact or Once-to-Contact or Rec	circ Where	? SP?
15.	ARE THERE ANY COOLING TOWERS?  A. If yes, is the water treated of the contaminants may be presented.	anto L	in a sold pure		
	C. How many? 3  D. Frequency & volume of blowdown  E. At which sample points? €  F. Comments:	Capac: n: <u>darly</u>	ty (tons): 10 500 gar Discha	00, 900, 35 irge to: <u>\$</u>	WER_
16.	IS ANY WATER USED IN BOILERS?  A. Is the water treated or condit B. What contaminants may be prese C. Frequency & volume of blowdown D. At which sample points? E. Comments:	ent? n:	Discha	arge to:	
17.	IS ANY WATER USED IN AIR POLLUTION Of A. What types of devices?  B. How is the water disposed?  C. What contaminants may be present.	**			Yes No
	<ul><li>C. What contaminants may be present</li><li>D. Frequency &amp; volume if discharge</li><li>E. At which sample points?</li><li>F. Comments:</li></ul>	ged:	Discha	irge to:	
18.	ARE THERE, ON THE ROOF, ANY AIR POLICE EXHAUST FANS THAT DISCHARGE POLLUTAL A. Describe:	NTS?			Yes No
	B. What contaminants may be present.  C. List any sample points/storm discounts.	rain locat	cions that would	l receive the	stormwater:
	D. Comments:				

19.	ARE THERE ANY GREASE TRAPS OR OIL INTERCEPTORS?  A. Food wastes? Affected sample points: 001  B. Petroleum wastes? Affected sample points: 001  C. Frequency of cleaning: None biologik Service fwice/monto  D. Are cleaning logs kept?	Yes	No_
	C. Frequency of cleaning: NoNE - biologix SERVICE TWICE   MONTO  D. Are cleaning logs kept?  E. How is oil/grease disposed? SEWERED	Yes	No_
20.	ARE ANY SOLVENTS USED?  A. Which solvents? methylene chloride, Endew, phenol, others  B. What used for? Surgical tool Cleaning, Autiseptic Clean  C. How disposed? hauled off Site	Yes	No
	DOES COMPANY HAVE A SOLVENT MANAGEMENT PLAN?  A. If yes, last time updated: 7/25/97  B. Update needed?  C. Ifyes to B, why?  D. Is it part of another document?  E. If yes, list document name: Haz. Material & Waste management  F. Is there a copy in MSD file? (Obtain copy)	Yes	No
22.	ARE ANY INFECTIOUS MATERIALS HANDLED?  A. If yes, describe operations: blood \$ fissue waste  B. How is waste disposed? hauled for incineration	Yes_	No
23.	ARE ANY RADIOACTIVE MATERIALS HANDLED?  A. Describe operations: 7,25 RADIONUCIDES  B. NRC License No.: 24-00196-07  C. How is waste disposed? Tube Containers Are hauled off  D. If to sewer, describe procs: LAb testing liquids Sewered After  E. Does company have authorization per Ord. 8492, Art. V.1.A?  F. Date of authorization: 7/8/94 Annual amt approved: 5 mC  G. Has company exceeded the approved quantity?  H. If yes, explain:	Yes 🗸	No
24.	ARE THERE ANY X-RAY OR PHOTO OR FILM PROCESSING OPERATIONS?  A. If yes, describe: K-RAY film PROCESSORS (4) 2 / ASER IMAGE  B. Are there silver recovery facilities?  C. Affecting which sample points? 00/  D. Comments:	Yes P <u>ROCE</u> Yes	No_ ss oRs No_
25.	ARE ANY WASTES GENERATED WHICH ARE NOT DISPOSED TO THE SEWER?  (ALSO INCLUDE ANY WASTES PREVIOUSLY LISTED)  A. If yes, what non-haz. wastes? /wfect.waste, /ube oils, Acids, CA.  B. If yes, what hazardous wastes? / Solvents  C. How disposed? /Auled off site  D. MDNR and/or EPA hazardous waste generator No.: 00/3/0  E. If yes to B and no HW#, explain why:		
26.	IS THERE ANY DISCHARGE OF HAZARDOUS WASTE SUBJECT TO REPORTING UNDER 40 CFR 403.12(p) WHICH WAS NOT PREVIOUSLY REPORTED TO MSD?  A. If yes, describe:	Yes	No_
27.	DOES THE COMPANY HAVE ANY UNDERGROUND STORAGE TANKS?  A. How many? Capacities: Removed '99  B. What do they contain?  C. Have there been any known leaks from these tanks?  D. If yes to C, explain:  E. Are all of the tanks registered with MDNR?  F. If no to E, explain:		
28.	DOES THE COMPANY HAVE ANY ABOVE GROUND STORAGE TANKS?  A. How many? / Capacities: /Soo JAL  B. What do they contain? #1 dieset fuel  C. Are they protected with spill containment facilities?  D. If no to C, explain: Double Wall  E. If yes to C, how is accumulated stormwater disposed?	Yes_	No.

29.	MATERIALS EASILY REAC	H SANITARY SEWERS OR STORM DRAINS?	Yes	No
30.	DOES COMPANY HAVE WRI POLLUTION PREVENTION, A. If yes, list ti B. Last time updat	ANY PROBLEM DISCHARGES SINCE LAST INSPECTION?  Bypasses of pretreatment facilities?  Slug discharges? Other?  TESS SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS? The control of the control of the sewer?  The control of the sewer of the sewer?  The control of the sewer of		
	C. Is there a copy D. If no to 30, is	in MSD file? (Obtain copy) a plan needed?	Yes_	NO
	A. If yes, is it f B. List plan's tit	ully contained in another document? le:		
	D. Is there a copy	r in MSD file? (Obtain copy)		
32.	A. Are MSD contact	s listed?	Yes	No No
33.	A. Upsets? Spills?	Bypasses of pretreatment facilities?  Slug discharges?  Other?	Yes	No_
34.	A. If yes, identif B. Is the wastewat C. If yes, which s D. If no. what is	y the CFR Part, Subpart & PSES/NS:er discharged to the sewer? sample points?done with the wastewater?	Yes	No
	F. What pretreatme G. Is it adequate? H. Explain answer	)	Yes	No_
	J. Does date agree	his process begin?e with PSES/NS?	Yes	No
35.	A. What metals are B. Is cyanide used C. Is facility a D. If yes to C, ho E. If 413, what is	e plated?	Yes	No
36.	A. If yes, date BN B. If yes, does it	TR received:		
37.	B. If yes, date 90 B. If yes, does it	AS THE COMPANY SUBMITTED A 90 DAY COMPL. REP.? NA Day Report received: correctly reflect current conditions? 37B, explain:	Yes	

38.	STAND	ARDS BUT WHICH	SUBJECT TO CATEGORICATION OF THE SUBJECT TO CATEGORICATION OF THE SUBJECT OF THE	WATER?			Yes	No
	A.	would be appli	fy the CFR Part, cable if process	Subpart & PS	ES/NS WILCO	<b>.</b>   •		
	В.	Explain the ab	sence of process	wastewater:	ab produced			
					_			
	C.		this process begi	.n?		· · · · · · · · · · · · · · · · · · ·		
	D.	Does date agre	e with PSES/NS?				Yes_	No
39.		OR WHICH CPS HA If ves. identi	FOR WHICH A CPS S BEEN REMANDED C fy the CFR Part,	R HAS NOT BE Subpart & PS	EN PROMULGA ES/NS: 4	TED? CFR 460	Yes	No_
	В.							
	C.	What date did	ith the process w this process begi e with PSES/NS?	.n?	<u>57</u>			17.0
	D. E.	Comments:	NO PT STD	c			165	. NO
	n.	Commerces.	100 / 1 3/0.	<b>,</b>				
40.	A.	List the non-c	TEWATER COMBINE Wat. WW components		WW PRIOR T	O SAMPLING?	Yes	No_
	В.	At which point		/				
•	C.		d Wastestream For	mula (CWF) a	pplicable?		Yes	No
	D. E.	If no, explain	: s the currently a	unnlied facto	<u>.</u>			
	F.		correct factor of				Yes	No
	G.	If no, explain						
41.			BJECT TO PRODUCTI	ON OR MASS.B	ASED STANDA	RDS?	:Yes	No_
	Α.			the little be		* a		
	В.		ion of the currer e or discharge vo				Vac	No_
	C.	If yes, explai		rume changed	Dy 20.6 OI	more:	163	- 110
	٠.	II yes, empior	**************************************					
42.	IS AN		BJECT TO "NON-CAT				Yes	No_
	A.		fy the CFR Part,		ES/NS:			
	В.	Is the wastewa	ter discharged to	the sewer?			Yes	No_
	C. D.	If yes, which	sample points? done with the wa	stewater?				
	E.	What date did	this process begi	n?				
	F.	Does date agre	e with PSES/NS?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	Yes_	No
	G.	Comments:		······································				
					~~~			
43.			ORDINANCE DISCHA OR WITHIN THE LAS				Yes	No.
	A.	If yes:		or is monins:	Sample	Is problem r		
	л.	Pollutant	When		Points	(if yes, des		
		***************************************			***************************************	- Carlotte		
					-	***************************************		
	в.	If unresolved.	what is being do	ne?				
	٠.							
	C.	Comments:						
		•						
44.			CATEGORICAL PRET			377	Yes	NO
	A.	If yes:	OR WITHIN THE LAS	of 12 MONTHS?	Sample	Is problem r		
	A.	Pollutant	When		Points	(if yes, des		
		as turn and and top for both A for						
					***************************************	***************************************		
			and the state of t					
		**************************************			Total Control			
	в.	If unresolved	what is being do	one?	CHARLES HER	· · · · · · · · · · · · · · · · · · ·		
	C.	Comments:						

45.	IS COMPANY REQUIRED TO SELF-MONITOR ANY OF THEIR DISCHARGES? A. If yes, requirement is contained in permit or other document B. If other document, date & description:	Yes	No
	B. If other document, date & description: C. How frequently are sampling & reports required? Authority D. Have reports been on-time, complete & signed by proper person? E. If no, explain:	Yes	No
46.	DOES COMPANY DO NON-REQUIRED OR ADDITIONAL SELF-MONITORING ? A. If yes, explain:	Yes	No_
47.	IS COMPANY COLLECTING THE APPROPRIATE TYPE OF SAMPLE (GRAB OR COMPOSITE) FOR EACH POLLUTANT MONITORED? A. If no, explain:	Yes	No_
48.	IS COMPANY USING 40 CFR 136 METHODS FOR ALL REPORTABLE ANALYSES? A. If no, explain:	Yes_	No
49.	DOES COMPANY EMPLOY CONTINUOUS MONITORING TECHNIQUES FOR pH? A. At which sampling points?	Yes	No_
	B. Do charts show compliance with the frequency & duration limits?		No
	<pre>C. If no, explain: D. If company has a permit, have excursion summaries been submitted? E. If no, explain:</pre>	Yes	No
50.	IS COMPANY SUBMITTING THE RESULTS OF <u>ALL</u> REPORTABLE MONITORING? A. If no, explain:	Yes_	
51.	IS COMPANY MAINTAINING ADEQUATE RECORDS? A. If no, explain:	Yes_	No_
52.	IS COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO SUBMIT COMPLIANCE SCHEDULE REPORTS? A. If yes, type and date: B. Have the reports & actions been on-time & complete?	Yes	
	B. Have the reports & actions been on-time & complete? C. If no, explain:		
53.	DOES COMPANY HAVE ANY ON-SITE "SPECIAL DISCHARGE" APPROVALS? DOES COMPANY HAVE ANY HAULED WASTE APPROVALS?	Yes Yes	No
	A. If yes, is company in compliance with requirements? B. Approval date: Length of approval: Comments:	Yes	No
54.	DOES COMPANY HAVE ANY DISCHARGES SUBJECT TO NPDES PERMITTING? A. What is discharged?	Yes_	No_
	B. Any corresponding MSD sample points: C. If yes, does company have a permit? Number D. Is there a copy in MSD file? (Obtain copy) E. If no to C, explain:	Yes Yes	No
55.	IS MSD CATEGORY CORRECT? A. If no, explain:	Yes <u>~</u>	No_
	B. What should category be?		
56.	IS COMPANY AN SIU? A. If yes, why? REASONAble potential for Adverse Affect on of	Yes DERAY	NO 10N
57.	WERE ALL SAMPLE POINTS OPENED AND INSPECTED? A. If any SPs cannot be located or opened, explain:	Yes_	
	B. If any SP descriptions need to be changed, explain: SP003 WILL SP002 - High fRAFFIC AREA due to Change At ENTRANCE Also is now dayserous book from.	REP/A	CE
58.	REVIEW THE SAMPLE POINT MAP! Last map revision date: 1/4/99	_ Yes	No V
	A. Are all sample points correctly located & identified? B. Is the map correct and accurate in <u>all</u> its details? C. If no to A or B, what changes are needed? <u>SP002 deleted</u> , <u>JP002</u>	Yes	NO

COMPLETE THIS TABLE FOR ALL CATEGORICAL DISCHARGE POINTS AND ALL 59. MAJOR POINTS OF CONNECTION TO THE MSD SANITARY OR COMBINED SEWERS. 2 3 4 5 6 POINT: 003 001 Sample Point (MSD #): Applicable Cat. Std.: If SP flows to a downstream SP, list it: Is discharge Batch (B) B C B C BC в с or Continuous (C)? Y__N_ Oil or grease inter.? Y N___ Y N Y__N__ Other Pretreatment? Y N Y N Describe: Process wastes? Hospital Y_N_ Y N_ Y__N__ Y N Y_N_ Y__N__ Y N Y N Y_N__ Plant & Equip washdn? Y N X N Y N Y N Sanitary Wastes? Y N Y N Y N Y N Contact CW? Y_N_ Y N__ Y__N__ Y__N__ Noncontact CW? N -Y_N_ Y_N_ Y__N__ Y N — Y__N__ Boiler Blowdown? Y _N__ Y N___ Y N Y N Stormwater? Y N Other? Describe: NN/A Y__N__ Y N Y_N__ Y_N__ CWF factor correct? Disch. Fact. Correct? If no, list new factor: Is it possible to obtain Y_N_ Y N Y_N_ representative sample? Y_N_ Y N Y N Y N Is SP safe/accessible? Any problems with SP? Y__N__ Y N If yes, describe below. Y_N_ Is the SP trapped? Y N Y N Y__N__ Is SP dry-justified? Y__N_ X N For each sample point which has a process water flow from a categorical process: SP: Specific operation: Specific operation: Specific operation: Describe in detail any sample point problems found: В. Yes No Are all connection points included in the above table? c. If No, explain:____ D.

SE THE SPACE ON THIS PAGE FOR ANY OTHER COMMENTS OR BSERVATIONS PERTINENT TO YOUR INSPECTION OF THIS FACILITY.				
Bob CostAs	WING AddEd	1 At SE C	ORNER OF	
hulding	NING Added IN July 19 WASTES go	99 FOR CAN	CER TREATM	ENT.
SANITARIA	WASTES OF	to SP001.		
JANITARY	$\frac{\omega_{H}}{\sqrt{\epsilon}}$	70 07 007		

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